

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2019
NAME OF PROVIDER OF SUPPLIER THE FORUM AT DESERT HARBOR		STREET ADDRESS, CITY, STATE, ZIP 13840 NORTH DESERT HARBOR DRIVE PEORIA, AZ 85381	
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 F 0812	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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 observations, staff interview, and policy and procedure, the facility failed to ensure that one dietary staff member (#45) followed hygienic practices while in the kitchen. This deficient practice could result in potential contaminating of exposed food.</p> <p>Findings include: An observation of the kitchen was conducted on 07/09/19 at 10:36 a.m. During the observation, staff #45 (dietary manager) was observed standing in the food processing area, without a hair restraint on. A second observation of the kitchen was conducted on 07/09/2019 at 11:40 a.m. Staff #45 was observed in the lunch preparation area during meal prep without a hair restraint in place. An interview was conducted with staff #45 on 7/09/2019 at 11:56 a.m. Staff #45 stated that he requires all staff to wear a hairnet. Staff #45 stated that he rarely comes into the kitchen and that he should have been wearing a hairnet. Review of the facility's Employee Sanitary Practices Policy revealed all nutrition and food service employees will practice good personal hygiene and safe food handling procedures. The policy also revealed all employees will wear restraints (hairnet, hat and/or beard restraint) to prevent hair from contacting exposed food. The policy included all employees will follow all federal, state and local requirements.</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.