

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>215154</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROLAND PARK PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>830 W 40 STREET BALTIMORE, MD 21211</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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0812  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b>  Based on observation and interviews of facility staff, it was determined that food service employees failed to ensure that sanitary practices were followed, equipment was maintained and safe food handling practices were followed to reduce the risk of foodborne illness. This deficient practice has the potential to affect all residents. The findings include: On 3/10/2020 at 10:15 AM a tour of the main kitchen was completed with the Director of Dining Services (DODS). Observation of utensils hanging above the tray line revealed rubber spatulas and rubber coated tongs in disrepair and no longer easily cleanable. The fume hood on the tray line was observed with a piece of cardboard wedged between adjoining hoods creating an open space for grease build up. Crumbs and food debris were observed on the floor beneath the tray line. While monitoring the temperature of prepared foods on the tray line, the facility's thermometer provided to cooking staff was found inoperable and no thermometer wipes were accessible on the cook line. Interview with the DODS revealed the malfunction was due to depleted batteries and the batteries were replaced at that time. Continued observation of the dish room revealed a Quaternary Ammonia concentration of less than 50 parts per million in the sanitizer compartment of the 3 compartment sink. Wet-stacked pans were also observed on the drying racks of the dishwasher room. The wall paint in the dishwasher room was observed to be flaky and peeling due to excess moisture/steam from the dishwashing machine. Observation of the walk in freezer revealed excessive ice build-up on the freezing unit. Further observation of the walk-in refrigerators revealed milk, apple juice and ice cream on the floor of these units. Interview with the DODS confirmed that the facility had received their food shipment that morning and employees were observed stocking the refrigerators at that time. Observation of the hallway ice machine revealed a cracked ice scoop. Further observation of the kitchen's mop room revealed a light hanging from the ceiling by its wire. While inspecting the dry goods room a package of walnuts, sugar packets and a jelly packet were observed on the floor. The Administrator and Director of Nursing were made aware of these findings during the exit conference on 3/10/2020.		
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.