

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455901	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER KPC PROMISE SKILLED NURSING FACILITY OF WICHITA FA		STREET ADDRESS, CITY, STATE, ZIP 1101 GRACE ST WICHITA FALLS, TX 76301	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<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 observation, interview and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety in 1 of 1 kitchen, by failing to ensure: A. ice machine had complete and sealing door gasket to prevent contamination; B. kitchen staff were wearing hair and beard restraints that cover all their hair; C. floors were clean and free from grease, and grime. This failure could affect the residents by placing them at risk for foodborne illness. The findings included: Observation on 06/26/20 at 2:00 PM, during an inspection of the facility's kitchen, revealed the following: - the top section of the ice machine's door gasket was missing; - the Dietary Manager's hair restraint did not cover all her hair; - the staff washing dishes was wearing a ball cap that did not cover all his hair; - there was dirt and food crumbs behind the appliances, preparation tables, and under the sinks; - there was dirt and food crumbs behind and under the dry food storage shelves; - the floor of the entire kitchen, Dietary Manager's office, dish washing room, and dry storage room were greasy and slick. In an interview on 06/26/20 at 2:12 PM, the Dietary Manager stated she had completed in-services on 06/12/20 and 06/17/20, with the kitchen staff, on foodborne illness and kitchen responsibilities, including sweeping and mopping the floor. She acknowledged that the staff were not completing tasks but marking on the cleaning schedules and logs that they were. In a record review on 06/26/20 at 2:14 PM, the kitchen daily cleaning log titled Cook Cleaning Schedule indicated that all floors and surfaces were cleaned last night. In a record review on 06/26/20 at 2:18 PM, the kitchen daily cleaning log titled Dishwasher Cleaning Schedule had not been initialed by the AM shift and PM shift Dishwasher on 06/23/20, 06/24/20, 06/25/20, and on the AM shift of 06/26/20. In a record review on 06/26/20 at 2:20 PM, the refrigerator / freezer temperature log for June was missing recorded temperatures and left blank for both refrigerators and both freezers on 06/06/20 PM shift, 06/08/20 PM shift, and 06/15/20 PM shift. The missing temperatures were circled by the Dietary Manager. Review of the policy titled Sanitation (undated) documented the following Procedures: - All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects; - Seals, hinges and fasteners will be kept in good repair; - Ice machines and ice storage containers will be drained, cleaned and sanitized per manufacturer's instructions and facility policy. Damaged or broken equipment that cannot be repaired shall be discarded. Review of the policy titled Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices (undated) documented Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens.</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.