

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 085058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER POLARIS HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 21 W CLARKE AVENUE MILFORD, DE 19963	
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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview it was determined that the facility failed to monitor food temperatures in accordance with professional standards for food safety for cooking/reheating and they failed to store dishware in a sanitary manner. Findings include: 1. [DATE]5/2020 (9:20 AM - 9:50 AM) - The initial kitchen tour observation revealed that the facility had no evidence that food temperatures were monitored during initial cooking or reheating to ensure appropriate safe temperatures were reached since the first resident was admitted on [DATE]. E4 (FSD) confirmed this finding during the initial tour at 9:40 AM. 2. [DATE]5/2020 - Observation during the initial kitchen tour (9:20 AM - 9:50 AM) and the lunch meal preparation and plating (11:20 AM - 12:10 PM) revealed the following: a. Meal trays lined up along the tray line contained a covered plate warmer, a hot drink cup facing down on a saucer and cold drink cups facing upright on approximately a dozen trays. [DATE]5/2020 - During an interview at approximately 9:25 AM, E4 (FSD) stated that the area gets dusty due to the construction (no construction occurred during the survey). E4 explained that instead of putting the clean dishes on the shelf in the ready-to-use area, they were placed directly on the meal trays for convenience. b. Many of the cups, bowls and plates observed on the ready-to-use shelves were positioned with the eating/drinking surface facing upright. The ready-to-use shelves were open to the kitchen, without any doors subjecting the dishware to contamination. [DATE]5/2020 (11:46 AM) - During an interview, E7 (Regional Manager) confirmed the positioning of the dishware on the shelves. Findings were reviewed during a telephone exit conference with E1 (NHA) and E2 (DON) on [DATE]7/2020, beginning around 12:25 PM.		
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.