

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105404</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WATERFORD, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>601 UNIVERSE BLVD JUNO BEACH, FL 33408</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> - Many	<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 interview, the facility failed to ensure the residents' food was handled in a safe and sanitary manner. All residents eat orally in the facility resulting in 42 of 42 residents having the potential to be affected by this unsafe practice. The findings included: During a tour of the facility on 09/17/20 at approximately 10:30 AM, an observation was made through the window in the kitchen door of a kitchen staff member eating a barbeque (BBQ) rib while standing over or in very close proximity to the approximately 8 racks of ribs on the counter that were to be served to the residents. The Director of Nursing (DON), Infection Preventionist (IP) and the Department of Health (DOH) staff, that was also conducting a tour at this time, observed this kitchen staff member as well. The DON agreed that while the staff do taste the food prior to serving, that was not an appropriate practice for tasting the food. An interview with the Director of Compliance / Culinary Services and the Vice President of Culinary Service was conducted on 09/17/20 at 12:30 PM. It was revealed that the ribs had been discarded and they would be conducting an investigation on the incident. Both agreed that Staff A, the Sous Chef, did not appropriately conduct the food tasting. On 09/18/20 at 8:42 AM, a telephone interview was conducted with Staff A regarding food tasting. Staff A stated that he believed he correctly tasted the food, that he did step back from the cutting board prior to tasting the food, then replaced his surgical face mask. Staff A stated that he did not remove gloves and wash his hands prior to resuming duties. Staff A stated that he was suspended and currently taking a course from SERV Safe online. On 09/18/20 at 10:00 AM, an interview was conducted with the Director of Compliance / Culinary Services regarding the policy and procedure (P&P) for food tasting. She stated there was no written P&P for the process of tasting the food. It was further stated that since COVID-19, she has instructed the kitchen staff to take the food to be tasted to the chefs office, make sure only one person is in the office prior to removing their facial mask, and then taste the food. She said they are to remove their gloves and wash their hands prior to donning clean gloves. She said the mask is to be put back on prior to entering the kitchen or other staff. Staff must always wear a mask while in the kitchen and there is to be no food tasting in or near the food prep area.		
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.