

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 265571	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER ASH GROVE HEALTHCARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP 401 NORTH MEDICAL DRIVE, PO BOX 247 ASH GROVE, MO 65604	
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	<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 protect food from possible contamination when staff failed to ensure the required air gap for two facility ice machines had a two inch gap between the drain in the floor and the tubing from the ice machine that would prevent the backflow of wastewater. This facility practice could lead to contamination of ice and possible food-borne illness, potentially affecting all residents at the facility. The facility had a census of 75. According to the [ST] Food Code, adopted by the [ST] Department of Health and Senior Services (DHSS) June 3, 2013, in order to prevent backflow, a direct connection may not exist between the sewage system and a drain originating from equipment in which food is placed. A backflow prevention device or an air gap must be in place to prevent wastewater back-siphonage. 1. Observations on 03/02/2020, at 9:45 A.M., showed the main dining room ice machine with a small PVC pipe running from drain into the wall, then into a locked room in the facility. Observation and interview on 03/04/2020, at 9:31 A.M., showed the following: -The basement staff lunch room ice machine drain with PVC pipe going from the ice machine, along the wall and under the sink, and draining into the same drain as the sink; -The Director of Nutritional Services said they clean the ice machine exteriors parts with vinegar every day. He/She did not know where the ice machine drained; -Maintenance would know more about the drain. During an interview on 03/05/20, at 10:30 A.M., the Maintenance Director said the ice machines are cleaned and staff put a cleaner tablet into the drains. The drains go into the regular sewer drain. He/she was not aware of the air gap requirements.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.