

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
 IDENTIFICATION NUMBER:

050225

(X2) MULTIPLE CONSTRUCTION

A. BUILDING
 B. WING

(X3) DATE SURVEY
 COMPLETED

06/25/2007

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FEATHER RIVER HOSPITAL

5974 PENTZ ROAD, PARADISE, CA 95969 BUTTE COUNTY

(X4) ID
 PREFIX
 TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH
 DEFICIENCY MUST BE PRECEDED BY FULL
 REGULATORY OR LSC IDENTIFYING INFORMATION)

10
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PROVIDER'S PLAN OF CORRECTION
 (EACH CORRECTIVE ACTION SHOULD BE CROSS-
 REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5)
 COMPLETE
 DATE

E 000 Initial Comments

The following represents the findings of the California Department of Public Health, formerly known as the Department of Health Services during a sample validation survey conducted 6/18/07 - 6/25/07.

Representing the Department:



Event1D:R60111

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

8/13/2007

1:39:57PM

TITLE

(X6) DATE

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DEFICIENCY CONSTITUTING IMMEDIATE
JEOPARDY:

(3) All readily perishable foods or beverages capable of supporting rapid and progressive growth of microorganisms which can cause food infections or food intoxication shall be maintained at temperatures of 70C (450F) or below, or at 600C (140oF) or above, at all times, except during necessary periods of preparation and service. Frozen food shall be stored at -180C (OoF) or below.

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DIV5 CH1 ART3-70273(k)(3) Dietetic
Service General Requirements

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is deter-in: dth at other safeguards prp,vide sufficient protection to the patients. Except for nursing homes, the findings

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State-2567

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Based on food service observations, dietary and administrative staff interview and dietary document review the hospital failed to ensure .potentially hazardous foods were in a nianner to prevent food borne illness as evidence by the lack of cooldown monitoring for potentially hazardous foods. The cumulative effect of these systemic practices resulted in the hospital's inability to ensure the nutritional needs of patients would be met according to acceptable standards of practice. These failures resulted in the declaration of an immediate jeopardy on 6/18/07 at 5:15 pm. The immediate jeopardy was abated on 6/21/07 at 5:00 pm.

Findings:

1. During initial kitchen tour on 6/18/07 beginning at

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8:45 am the following was noted in the cooks' refrigerator:

a. There was a metal pan measuring approximately 24" x18" x12" that contained 7 pieces of meat, identified by dietary management staff as roast beef. The internal probed temperature of the meat was noted to be 380F. There was also a container that was labeled chili and dated 6/13 with an internal probed temperature of 380F. In a concurrent interview with dietary management staff he stated that the meat was likely left over from the previous day. Previously cooked meat products are classified as potentially hazardous foods (PHF). These foods have the potential to grow bacteria associated with food borne illness.

In an interview on 6/18/07 at 9 am, a dietary staff member confirmed that the meat was left over from the

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previous days' meal. The dietary staff member was also asked by the surveyor to describe the hospital practice for handling leftover foods. The staff member stated that once the foods were pulled off the tray line they would be put in another pan and left on the counter for several hours until they "reached room temperature." Once they reached room temperature they were covered, dated and put in the walk-in refrigerator. When asked if there were hospital goals for temperatures of these foods it was stated that 40|2|F within a "couple of hours" was the goal. When asked by the surveyor if temperatures were recorded at any time during the cool down process, dietary staff stated that they were not.

2. During tour of the outdoor walk-in freezer on 6/18/07 at 9:30 am, there were multiple foil covered baking pans that contained previously cooked entrees. On 6/18/07 at 3 pm, dietary staff was asked to

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complete an inventory of the items. It was noted that there were 12 items in the inventory. The preparation dates of the items ranged from 4/26-6/15/07. The inventory included items such as macaroni and cheese, sirloin tips, Salisbury mix, fettuccini and lasagna, all of which are considered to be potentially hazardous foods.

In an interview on 6/18/07 at 12 pm, with dietary management staff the surveyor asked how the hospital ensured that previously cooked potentially hazardous foods were handled safely. Dietary management staff stated that the hospital had inspections by the county health department whose emphasis was on cooling. Dietary management staff also stated that the hospital has a cooling system that is fully implemented.

3. During food production observation on 6/18/07 at 10:30 am, dietary staff was noted to be preparing

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spaghetti for the noon meal. In a concurrent interview, the staff member was asked to describe the production process. It was stated that the hamburger was cooked the day before, reheated and added to canned tomato sauce which would eventually be mixed in with cooked pasta. When asked to describe the handling of the ground beef the day prior the staff member stated that the meat was browned and placed in a pan until it was cooled to room temperature. When asked by the surveyor how long that would take, the staff the member replied "about 3 hours." The staff member was then asked what the food danger zone was; but was unable to verbalize the food handling standard. When asked what the temperature was when the meat was moved to the refrigerator the dietary staff member stated that is was 1000F. When asked if there was any documentation of temperature monitoring the staff member stated that there was not.

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

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In an interview on 6/18/07 at 3:05 pm, food production management staff was asked to describe the hospital guidance for handling left over foods. The staff member stated that the item should be put into a shallow pan with the use of an ice stick to aid in cooling. The item would also be tented (lightly covered with foil) and taken into the refrigerator where internal temperatures should be taken and meet acceptable standards of a 400F within four hours. When asked by the surveyor if there was documentation of a cooling log, staff stated there was not.

In a follow up interview on 6/18/07 at 3:45 pm, dietary management staff was asked by the surveyor why there was no implementation of a cool down monitoring system; it was stated that since the majority of potentially hazardous foods were not held for use at a later date the development of a monitoring system was not necessary.

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In an interview on 6/18/07 at 3:20 pm, with infection control staff the surveyor asked the extent of oversight by the infection control practitioner. The practitioner stated that applicable policies were reviewed, isolation and hand in-services were held and bi-annual safety rounds evaluating food storage and cleanliness were held. The surveyor requested to review the safety rounds for the previous 12 months. In a follow up interview on 6/21/07 at 3 pm, with risk management staff it was stated that the hospital was unable to locate any of the completed safety rounds.

In a review of hospital in-service documents on 6/20/07 at am, revealed that on 1/24/06, a dietetic student intern had provide a comprehensive in-service on food safety that specifically addressed the standard of practice on cooling foods. It was also noted that the in-service was attended by food production staff.

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County documents provided by hospital staff dated 11/2/06, 1/12/06 and 3/3/06 revealed that in each of these inspection reports there were issues surrounding food holding temperatures. The report dated 1/12/06 documented that fettuccini primavera was held at 101°F for 3 hours. This report also noted that this was a repeat violation. The report dated 3/3/06 also noted vegetable soup at a temperature of 95°F, observed cooling in a 6" covered pan. This report also noted this was a repeat violation from 1/12 and 1/21/06.

DEFICIENCY CONSTITUTING IMMEDIATE
JEOPARDY:

E 577 T22 DIV5 CHi ART3-70275(f)(1)
Dietetic Service Staff

(1) Dietetic service personnel shall be *trained* in basic

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food sanitation techniques, shall be clean, wear clean clothing, including a cap and/or a hair net and shall be excluded from duty when affected by skin infection or communicable diseases. Beards and mustaches which are not closely cropped and neatly trimmed shall be covered.

Based on food service observations, dietary staff interview and dietary document review, the hospital failed to ensure comprehensive organization of the dietary department to ensure safe food handling practices as evidenced by the pooling of non*pasteurized shell eggs, for extended periods of time, which may result in the potential of exposing patients to the risk of foodborne illness as a result salmonella cross contamination. Salmonella contamination may cause nausea, vomiting and

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diarrhea further compromising hospitalized patients. The cumulative effect of these systemic practices resulted in the hospital's inability to ensure the nutritional needs of patients would be met according to acceptable standards of practice. These failures resulted in the declaration of an immediate jeopardy on 6/18/07 at 5:15 pm. The immediate jeopardy was abated on 6/21/07 at 5:00 pm.

Findings:

a. During initial tour on 6/18/07 at 8:45 am, in the walk-in refrigerator there were two containers measuring approximately 24" x18" x12" each containing a yellow liquid identified by dietary staff as eggs. One of the containers contained approximately 3 gallons of liquid and the second approximately 2 gallons. In a concurrent interview with dietary staff it was revealed that the practice within the hospital was

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to crack non~pasteurized shell eggs every morning for use throughout the day. When asked by the surveyor the hospital policy for holding this product, dietary staff stated they could be held for a maximum of three days. The surveyor also confirmed that non-pasteurized shell eggs were the product utilized in patient food production. It was also noted that supervisory dietary staff stated that this was an acceptable practice.

In a follow up observation on 6/20/07 at 8:30 am, (after declaration of the immediate jeopardy) it was noted that there continued to be approximately 2 gallons of eggs that were held in the refrigeration unit. In a concurrent interview with dietary management staff it was determined that the eggs were pooled at 5:30 am, and would continue to be held until approximately 9:30 am. It was also noted these eggs were also unpasteurized shell eggs. In a concurrent interview with two supervisory dietary staff they stated that the

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hospital practice was to crack a total of 30 dozen eggs each morning and estimated that the amount that was currently being pooled was approximately 15 dozen eggs.

There was no documented evidence that the hospital was aware that this high-risk practice prior to identification by the state surveyor on 6/18/07 and it was also noted that the high risk practice continued despite hospital knowledge of the poor practice. Review of dietary department education records revealed that there was no documented in-service from January 2006-June 2007 that guided staff on the handling of this potentially hazardous food.

A review of hospital policy titled "Egg and Egg Products" noted that "shell eggs must not be used in production items, but pasteurized shell eggs or pasteurized liquid frozen, or dry eggs will be

Event ID:R60111

8/13/2007

1:39:57PM

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. Except for nursing homes, the findings 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.

	(X 1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	050225	A. BUILDING B. WING	06/25/2007
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE		
FEATHER RIVER HOSPITAL	5974 PENTZ ROAD, PARADISE, CA 95969 BUTTE COUNTY		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	10 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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Continued From page 14

substituted for shell eggs."

In an interview on 6/18/07 at 12:15 pm, with the Chief Clinical Registered Dietitian the surveyor asked whether there was any RD oversight of food storage practices or production oversight, to which the answer was no.

In a review of the hospital policy and procedure manual it was noted that the hospital had several written policies and/or procedures related to food service. However these policies were limited to dry food storage, egg handling, avoiding food contamination and receiving/ordering food supplies. There was no documented policy, procedure or system for staff guidance in food handling practices to prevent the transmission of food borne illness.

In an interview on 6/18/07 at 3:20 pm, with infection

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

050225

(X2) MULTIPLE CONSTRUCTION A.
BUILDING
B.WING

(X3) DATE SURVEY
COMPLETED

06/25/2007

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FEATHER RIVER HOSPITAL

5974 PENTZ ROAD, PARADISE, CA 95969 BUTTE COUNTY

(X4) 10
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH
DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

10
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-
REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5)
COMPLETE
DATE

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control staff the surveyor asked the extent of oversight by the infection control practitioner. The practitioner stated that applicable policies were reviewed, isolation and hand in-services were held and bi-annual safety rounds evaluating food storage and cleanliness were held. The surveyor requested to review the safety rounds for the previous 12 months. In a follow up interview on 6/21/07 at 3 pm, with-risk management staff it was stated that the hospital was unable to locate any of the completed safety rounds.

Event1D:R60111

LASORATORY DIRECTOR'S- OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

8/13/2007

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