This Plan of Correction is prepared and executed because it is required by the provisions of State and Federal law, and not because Briarcliff Healthcare Facility agrees with allegation(s) and citation(s) listed on this Statement of Deficiencies. Briarcliff Healthcare Facility maintains that the alleged deficiencies do not individually or collectively constitute substandard care or jeopardize the health and safety of the residents; nor are they of such character so as to limit our capability to render adequate care. This Plan of Correction shall also serve as the facility's written Credible Allegation of Compliance.

Dietary Manager discussed appropriate food temperatures with residents #4 and communicated the dietary department's plan for continued compliance.

Interviews were conducted by Dietary Manager or Designee with other residents to identify any additional concerns with food temperatures and no other issues were identified.

The Dietary Manager will complete temperature audits on test trays daily 5 times a week to ensure all food is served at the appropriate temperature. All staff members will be re-educated regarding the importance of timely delivery of each meal tray. Administrative staff will monitor tray pass on the hall to ensure timely delivery.
Continued From page 1

Test tray was 115 degrees, the peas were 112 degrees, and the milk was 52 degrees.

Review of facility policy, Minimum Temperature at Point of Service, dated February 7, 2011, revealed "...The minimum temperature of the food at point of service to the resident should be: Hot Food > (greater ) 120 F (Fahrenheit)...Cold Food < (less ) 50 F."

Interview with Resident #4 on June 12, 2012, at 8:25 a.m., revealed the resident's breakfast meal was not warm enough, and the food was often served cold.

Interview on June 13, 2012, at 12:12 p.m., with the Dietary Manager, in the hallway, confirmed the facility failed to provide food served at the proper temperature.

The Dietary Manager and/or the DON will observe tray delivery process at random meals for 4 weeks then monthly thereafter. Results will be discussed for 3 months. In the monthly Continuous Quality Improvement meeting comprised of the DON, Risk Manager, Medical Director, Social Services Director, Dietary Manager, Rehab Director, Staff Development Coordinator, Admissions Director, Activities Director, Restorative Nurse, Wound Care Nurse, Director of Medical Records and Administrator for Quality Assurance.