

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235724	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER DJ JACOBETTI HOME FOR VETERANS			STREET ADDRESS, CITY, STATE, ZIP CODE 425 FISHER ST MARQUETTE, MI 49855	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F000	INITIAL COMMENTS DJ Jacobetti Home for Veterans was surveyed for a Recertification survey on 10/16/2024. Census = 61	F000		
F812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) 483.60(i) Food safety requirements. The facility must - 483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. 483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among any and all 61	F812	Element 1: Utensils were rewashed and sanitized according to procedure. Kitchen Staff B was immediately educated on ware washing procedure. Although no members were identified in the citation, all members have the potential to be affected by the deficient practice. Element 2: All members have the potential to be affected by this deficient practice. The facility has determined the root cause to be that the employee, while being directly observed, got nervous and lost track of the full minute sanitation time. Element 3: Ware washing procedure was reviewed and deemed appropriate. Dietary staff were educated on ware washing procedures with emphasis on the sanitation time being at least or longer that 1 minute. Element 4: The kitchen will be audited twice daily for 14 days, then daily for 14 days, then weekly for 1 month for following the Ware washing procedure. Results will be brought to the QAPI committee and reviewed until substantial compliance is achieved. The Administrator is responsible for compliance. Compliance date is 11/15/2024.	11/15/24

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

TITLE

(X6) DATE

Electronically Signed

10/31/2024

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 the 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/15/2025
FORM APPROVED
OMB NO. 0938-0391

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F812	<p>Continued From page 1 residents of the facility. Findings include:</p> <p>On 10/14/24 at approximately 12:05 PM, Kitchen Staff (KS) "B" was observed cleaning cook ware at the three compartment sink. KS "B" was observed to wash utensils (food whip; spatulas; stirring spoons, sheet pans) and other food contact surfaces in the wash compartment, then rinsed in the center rinse compartment. KS "B" then quickly dipped each of the objects into the sanitizing solution of the third compartment for less than two seconds, then placed on the flanking drain board to the left of the sink. An interview was conducted at this time with KS "B" who was asked "Do you know what you are doing wrong here?" KS "B" replied "No". When asked what type of sanitizing chemical was being used in the sanitizing solution, KS "B" replied "Quat." When asked to define the amount of time a food utensil should be soaked in the "Quat" solution, KS "B" stated "A minute?". The question was responded to in the affirmative. At this time KS "B" made no attempt to take the items from the draining board and replace them into the sanitizing solution for the required time.</p> <p>A review of the label on the sanitizing solution affirmed the minimum contact time for proper sanitizing of food contact surfaces was 60 seconds.</p> <p>At approximately 12:15 PM Kitchen Manager (KM) "A" entered the area. The above observation and interview was shared with KM "A". KM "A" stated "She knows better than that."</p> <p>A review of the FDA Food Code 2017 was conducted and it states:</p> <p>4-501.114 Manual and Mechanical</p>	F812		

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F812	Continued From page 2 Warewashing Equipment, Chemical Sanitization -Temperature, pH, Concentration, and Hardness. A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at contact times specified under 4-703.11(C) shall meet the criteria specified under 7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions, P and shall be used as follows: (C) A quaternary ammonium compound solution shall: (1) Have a minimum temperature of 24C (75F), P (2) Have a concentration as specified under 7-204.11 and as indicated by the manufacturer's use directions included in the labeling,	F812		

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