STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145564	A. BUILDING _____ B. WING _____	10/21/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY MEDICAL CENTER - WEST	**2701 - 17TH STREET ROCK ISLAND, IL 61201**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 371	Annual Certification Survey 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to have the final rinse temperature of the hot water sanitizing dishwashing machine at 160 degrees F or above. This deficient practice has the potential to affect all 24 residents at the facility. Findings include: During the tour of the kitchen on October 19, 2009, 9:35 a.m. to 9:55 a.m., the final rinse temperature of the Hobart FT 900 dishwasher was checked. During 2 attempts with temperature sensitive tape that turns dark when the dishwashing water is 160 degrees F or above, the thermolabels were washed off the plates to which they were stuck. On the third attempt the plate with the thermolabel was kept in place by another plate	F 371		10/22/09

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145564	A. BUILDING _____ B. WING _____	10/21/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY MEDICAL CENTER - WEST	**2701 - 17TH STREET ROCK ISLAND, IL 61201**

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F 371	Continued From page 1 on top. The thermolabel did not turn dark. E3 (Patient Support Services) and E5 (Manager, Nutrition Services) witnessed all 3 attempts. On October 19, 2009, at 9:55 a.m., E3 said that the Dietary Department usually checks the temperature of the dishwashing machine at the beginning of each dishwashing procedure by checking the gauges on the dishwashing machine during the wash, rinse, and final rinse cycles. Proof of this was documented on a sheet affixed to the dishwashing machine. At 11:25 a.m., Z1 (Hobart Repairman) was in the kitchen working on the dishwasher. When Z1 was finished repairing the dishwasher, he said that the water pressure on the machine was too high and that he fixed this. As proof that the temperature was at acceptable range at this time, a dark thermolabel was provided. . On October 19, 2009, at 12:30 p.m., E4 (Lead Dietary Supervisor) said that he checks the final rinse temperature of the dishwashing machine once a week with a thermolabel, and that the last time he checked the machine was October 14, 2009. E4 said that at that time, the thermolabel turned dark, indicating a final rinse temperature of at least 160 degrees F. According to the CMS 672, there were 24 residents at the facility during the survey.	F 371		