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

PRINTED: 03/31/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED  C 03/17/2011	
	. 345061	B. WING			
NAME OF PROVIDER OR SUPPLIER UNIHEALTH POST - ACUTE (	CARE OF DURHAM		FREET ADDRESS, CITY, STATE, ZIP COD 3100 ERWIN ROAD DURHAM, NC 27705		172011
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETIC DATE
Each resident rece food prepared by n value, flavor, and a palatable, attractive temperature.  This REQUIREMED by: Based on observati interviews the facili had a good taste at of 13 sample resident 12, and #13)  Finding includes:  During the initial touresidents throughour meals, breakfast, but cold.  Resident # 5, an ale revealed on 3/15/20 cold. Her eggs and	UTRITIVE VALUE/APPEAR, FER TEMP  ives and the facility provides nethods that conserve nutritive appearance; and food that is a, and at the proper  NT is not met as evidenced ion, individual and staff ty failed to provide meals that and to serve hot foods hot for 5 ents (Residents #5, #6, #7, #  ur on 3/15/2011, 8 am, 5 of 13 at the facility revealed that all inch and dinner were served ent and oriented resident that her meals are always hot cereal were cold daily. Her ot, if staff heat the meal, by the	F 364	Palatable/Prefer Temp  Corrective Action: Ensure earesident receives and facility food prepared by methods the conserve nutritive value, flav appearance; and food that is appropriate temperature. Resident #5,#6,#7,#12,#13 will meal that have good taste, appeared at the appropriate temper Will implement daily audit of mentioned as well as random rethrough-out facility to be conditionally and instrator, Nursing supervidictary staff regarding nutritive favor, appearance and appropriate temperature randomly covering meals,  Those with Potential to be affected to the regards of the regards	ach provides nat or, and  Il receive earance and erature. resident esident's ucted by isors, and e value, ate g all three  lected. lited for s to nce and mplement ed as well ut facility	
time it gets back to revealed that the mithis hall.  Resident # 7, an ale revealed on 3/15/20 about food for month dinner were cold. Remicrowave had been two or three weeks. no taste, chicken was	rt and oriented resident 11 that she had complained ns. Breakfast, lunch and esident stated that the n out of order on this hall for Food has no seasoning and is never seasoned and the		to be conducted by Administrate Nursing supervisors, and dietary regarding nutritive value, favor, appearance and appropriate tem randomly covering all three me	y staff perature eals,	
Dillish James	ENSUPPLIER REPRESENTATIVE'S SIGNA MILLUST LINHT		LNHA LNHA	4/3/	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.

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STATEME NT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING		C			
NAME OF PROVIDER OR SUPPLIER  UNIHEALTH POST - ACUTE CARE OF DURHAM			3	REET ADDRESS, CITY, STATE, ZIP CODE 100 ERWIN ROAD DURHAM, NC 27705	. 03/1	<u>17/2011</u>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					ULD BE	(X5) COMPLETION DATE
F 364	green beans were hindicated that if she were cold too, with a Review of the resided 12/6/2010 revealed that all hot food was residents complaine 2/4/2011, 12 resident were served cold. O complained the food during meal times.  Resident trays were on 3/15/11 at 12:15 plates were covered bottom.  Interview with resident revealed on her meatloaf had no	ard and nasty. Resident asks for alternate meals they		864	Systemic Changes to Prevent Descrice.  Will implement daily audit of resementioned as well as random resistance and apprehensive favor, appearance and apprehensive randomly covering a meals, Hired new dietary manage 4/18/2011, will audit test trays we flavor, appearance and appropriate temperture for 4 weeks  How will Corrective Action be monitored?  Will monitor response through resaudits and monthly resident couns meetings for 4 weeks and monthly months during monthly PI meeting.	sident ident's tritive ropriate all three er starting eekly for te  sident sel y for 2	
٠	12:54pm. The test to 100-hall cart along we cart left the kitchen a resident on that hall the Administrator, Resurveyor went into the taste test tray. The potatoes and cook betasted; each tester a mashed potatoes was administrator and RE	agreed that the beets were surveyor indicated that					

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

PRINTED: 03/31/2011 FORM APPROVED OMB NO. 0038 0204

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	0.00		UMB NO. 0938-039		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING B. WING			(X3) DATE SURVEY COMPLETED C	
		345061					
	PROVIDER OR SUPPLIER	ARE OF DURHAM		STREET ADDRESS, 3100 ERWIN RC DURHAM, NC			/ <u>17/2011</u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL GC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROV (EACH C	VIDER'S PLAN OF CORECTIVE ACTION SEFERENCED TO THE APPLICATION OF T	SHOULD BE	(X5) COMPLETION DATE
F 364	Continued From pag	je 2	F3	64		··········	
	resident revealed on lunch was cold. He seed to cold, dry and had no potatoes were cold, comments about the indicated that he just Resident also revealed addressed in resident	ont #12, an alert and oriented 3/15/2011 at 1:42pm that his stated that the meatloaf was seasoning. Mashed outter would not melt. No cook beets. Resident learned to eat cold food, ed that this issue had been to council meeting for the last of the food continues to be					
	resident revealed on	at #13 an alert and oriented 3/15/2011 1:52pm that her tatoes and veggies were all r.					
ł	During an interview w 2:15pm she agreed the meatloaf, and beets to	ith the RD on 3/15/2011 at lat mashed potatoes, asted luke warm.					
	2:30pm she agreed th potatoes, and beets ta indicated that the facili residents ' food conce ndicated that she had	ty was working on the erns as well. She also no knowledge of the also the third floor until					
delivera de la companya de la compa	.•						