

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


PRINTED: 04/15/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/06/2011
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - DARTMOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 300 PROVIDENCE RD CHARLOTTE, NC 28207
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(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
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F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility record review, the facility failed to implement hand hygiene prior to handling eating utensils and between clean and dirty tasks during a lunch meal tray line observation. The findings are:</p> <p>The facility's policy "Hand-Washing", dated 2002, recorded in part, "Associates must effectively clean hands at appropriate kitchen hand sinks with appropriate cleaning compounds prior to handling, preparing, serving and distributing food, working with clean utensils, dishes and equipment. When to wash hands: After picking up anything from the floor."</p> <p>Observations during a lunch meal tray line service on 4/6/11 from 12:02 PM until 12:25 PM revealed:</p> <p>On 4/6/11 at 12:02 PM the lunch meal tray line service was observed in progress. The registered dietitian (RD) was assisting on the tray line, with gloved hands, by plating food. The certified dietary manager (CDM) was assisting on the tray line, with gloved hands, as position #2 on the tray</p>	F 371	<p><u>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</u></p> <p>F371 Food Procure, Store/Prepare/Serve-Sanitary Conditions : The facility will continue to ensure that (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.</p>	4/25/2011
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE EXECUTIVE DIRECTOR	(X6) DATE 4/22/11
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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.

RECEIVED
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BY: _____

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F 371	<p>Continued From page 1</p> <p>line. Dietary aide #1 (DA #1) was observed in position #1 on the tray line with ungloved hands. Eating utensils were stored in a utensil rack in the upright position. DA #1 was observed from 12:02 PM until 12:19 PM to pick up forks, knives and spoons from an upright position. DA#1 touched the food contact side of each utensil with bare hands while placing each utensil on a resident's meal tray. DA #1 was also noted to touch the food contact side of the remaining eating utensils in direct proximity, which were stored in an upright position in the utensil rack, while removing utensils for each resident. During this observation on 4/6/11, DA #1 was observed at 12:11 PM to leave the lunch meal tray line, exit the kitchen and return from a storage room across the hall with individual packs of salad dressing. DA #1 resumed her duties on the tray line in position #1 without washing her hands or donning gloves. In addition on 4/6/11 at 12:16 PM, DA #1 was observed to pick up a tray card from the floor, using her bare hands, and returned to her duties in position #1 on the tray line, without washing her hands. DA#1 was observed to perform these tasks from 12:02 PM until 12:19 PM with no hand washing observed between tasks.</p> <p>The CDM confirmed in interview on 4/6/11 at 12:16 PM that staff was trained not to touch the food contact side of dishes. She also confirmed that position #1 on the tray line should wear gloves. The CDM observed DA #1 and stated she had not noticed that DA #1 was not wearing gloves. The CDM was observed at 12:19 PM to ask DA #1 to wash her hands and put on gloves. The CDM replaced the utensil rack of eating utensils on the tray line with a second rack of eating utensils which were also stored right side up.</p>	F 371	<p><u>Criteria 1</u> Dietary personnel were in-serviced immediately on proper hand washing and glove use protocol and technique by Director of Dining Services(DDS) and Certified Dietary Manager(CDM). Dietary Aid was asked to wash hands and put gloves on and CDM changed out the silverware.</p> <p><u>Criteria 2</u> The Director of Clinical Education conducted an all shifts/all staff (including dietary) in-service on hand-hygiene. The District Dietitian conducted a dietary meeting to educate on proper hand washing, glove use and on avoiding cross-contamination. Dietary staff instructed on placing food surface side of all silverware in the downward position in silverware tray and then grabbing the silverware with a gloved hand from the handle side up.</p>		

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F 371	Continued From page 2 In an interview with DA #1 on 4/6/11 at 12:19 PM she stated that she worked in position #1 on the tray line often and was instructed to pick up the fork, knives and spoons and put them on a napkin on the resident's tray, but she had not received specific instruction related to not touching the food contact side of the utensil. She also stated that when she leaves the tray line or the kitchen she should wash her hands and put on gloves, but further explained that she did not usually wear gloves when she worked in position #1 on the tray line. She stated she did not realize that she left the tray line and picked up an item from the floor without washing her hands. The RD and CDM were interviewed together on 4/6/11 at 12:30 PM. They confirmed that they both assisted on the tray line two to three times per week and had not noticed that DA #1 did not wear gloves or that eating utensils were picked up from an upright position. They communicated that they thought gloves were being worn by staff in position #1 on the tray line.	F 371	<u>Criteria 3</u> New silverware placement in place. An audit tool was developed and put in place immediately. Hand washing and proper glove use to be monitoring by DDS/CDM twice per week for 1 month and then weekly thereafter for 3 months to ensure compliance with re-education, if needed. The Executive Director will audit once a week for one month and then monthly thereafter. The District Registered Dietitian will monitor POC to ensure compliance when visits facility. <u>Criteria 4</u> The Director of Dining Services will report the results of the audit in the monthly Quality Assurance (QA) Committee meeting for 3 months or until deemed necessary. Recommendations will be made as necessary. The Executive Director is responsible for overall compliance.		