

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

PRINTED: 07/07/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345226	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____  JUL 18 2011	(X3) DATE SURVEY COMPLETED  06/22/2011
NAME OF PROVIDER OR SUPPLIER  COLONY RIDGE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 430 WEST HEALTH CENTER DRIVE NAGS HEAD, NC 27959	
(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 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 observations, staff interviews, and record reviews, the facility failed to maintain sanitary conditions in the kitchen by not ensuring opened and resealed food items were dated when opened; and by not ensuring food storage areas were free of staff personal items. The facility failed to ensure 12 of 33 dinner plates and 3 of 7 divided dinner plates were free of dried food debris. The facility failed to discard parmesan cheese from storage after the expiration date. The facility failed to maintain the bulk sugar bin free of dried light brown food debris. The facility failed to prevent contamination of the tray line by having a standing floor fan with grey debris in the grill blowing over the tray line. Findings include: Review of a facility policy entitled " Use and Storage of Leftovers " dated 9/2006 read in part: " Label and date, and refrigerate to a temperature of 41 (degrees). Each day after meal service, the assigned person will check leftovers and throw out any foods that have been kept up to the</p>	F 371	<p>Colony Ridge Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as written allegation of compliance.</p> <p>The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Colony Ridge Nursing and Rehabilitation Center. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.</p>	7/17/11

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

*Quene B. Palmer*

TITLE

*Administrator*

(X6) DATE

*7/15/11*

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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F 371	<p>Continued From page 1</p> <p>maximum length of time allowed " . Review of a facility policy entitled " Use and Storage of Leftovers " dated 9/2006 read in part: Food Category - meats, Maximum Time to Be Kept - 3 days; Food Category - juices, Maximum Time to Be Kept 5 days; Food Category - fruits, Maximum Time To Be Kept - 5 days " .</p> <p>During an observation of the reach-in refrigerator in the kitchen with the afternoon shift cook on 6-18-11 at 4:38 pm, revealed:</p> <ol style="list-style-type: none"> <li>1) 1/2 of a 1 pound butter block was opened, re-wrapped, and undated;</li> <li>2) a container of parmesan cheese was dated as opened on 6-3-11 and use by date of 6-14-11,</li> <li>3) a 5-pound block of yellow, sliced cheese was opened and re-wrapped that was not dated when opened;</li> <li>4) a 1-gallon container of soy sauce that was 1/2 full, opened, undated;</li> <li>5) a 1-gallon container of chocolate syrup that was dated as opened as 3-14-11, was brought to the cook by a dietary aide and asked if it was " ok ", the cook said it smelled funny said it should have been refrigerated and threw it away;</li> <li>6) a 1-gallon container of creamy Italian dressing that was opened and undated;</li> <li>7) a 1-gallon container of mayonnaise opened with no open date;</li> </ol> <p>During an observation of the reach-in refrigerator on 6-18-11 at 4:38pm revealed a half pitcher of red liquid drink which had a dating label that had gotten wet and the dates were smeared, unable to be read.</p> <p>During an observation of the reach-in refrigerator on 6-18-11 at 4:41pm revealed a 1.5 gallon container of cubed ham, cooked beef, and shredded cheese covered with plastic wrap. The</p>	F 371	<p><b>F 371</b></p> <p>A) The opened and resealed food items that were not dated when opened (i.e. butter; parmesan cheese; yellow, sliced cheese; soy sauce; chocolate syrup, Italian dressing; mayonnaise; red liquid drink; cubed ham/beef/cheese; and fruit salad) were discarded by the Dietary Manager on 6-18-11. On 6-23-11 the sugar container was emptied and cleaned by the Dietary Manager. On 6-19-11 the fan was cleaned and removed from the dietary department by the dietary aide.</p> <p>Of the 12 dinner plates, 8 were removed on 6-18-11 and rewashed by the dietary aide and 4 were removed and rewashed by the Dietary Manager on 6-20-11. The 3 divided plates were removed and rewashed by the Dietary Manager on 6-21-11.</p> <p>The dietary aide's bottle water was removed and discarded by the employee 6-18-11.</p> <p>B) On 7-1-11 an audit of all dishes was performed by the Dietary Manager to ensure all dishes were free of dried food debris. Any identified area of concern was corrected.</p> <p>On 7-1-11 the Dietary Manager audited all opened and resealed food for labeling and dating when opened. No issues were identified.</p>	7/17/11
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F 371	Continued From page 2 container nor plastic wrap was not dated for when it was prepared. The cook reported the container was prepared by the relief cook for a special lunch on 6-19-11. During an observation of the shelving for spices on 6-18-11 at 4:42pm, a half bottle of commercially sold water that belonged to an employee, was located on the shelf with the spice containers. The cook stated the bottle was not supposed to be there and asked the dietary aide to remove " his " water from the shelf. During an observation of the kitchen with the evening cook, on 6-18-11 at 4:44pm, revealed a very large bowl of fruit salad covered with plastic wrap, located on a bottom shelf under the spice rack, that was not dated. During an interview on 6-20-11 at 8:57am the DM agreed the above food items were expired because they were not dated and should have been discarded. The DM stated she wrote up the staff . The DM reported the evening shift were expected to go through storage and check the refrigerator every night and make sure everything opened was dated. During an observation of the kitchen with the evening cook on 6-18-11 at 4:44pm revealed a bulk container of sugar was observed with 5 spots of light brown sugar that was removed by the cook with a scoop. During an interview with the cook, the cook reported the spots looked as if someone had prepared food over it while it was opened. During an observation of the bulk sugar container with the DM on 6-20-11 at 9:28am, the content of the container revealed two brown colored pieces of debris that were noted in the sugar. The DM reported she thought the spots were iced tea that was dripped into the open container while staff prepared the drink. The DM	F 371	<b>F 371 (Continued)</b>  C) On 6-20-11 the dietary staff were Inserviced by the Nutritional Consultant regarding dietary sanitation to include cleaning of fans, cleaning of ovens, labeling/dating foods, "use by" dates, checking dishes for food particles, emptying dish machine between meals, pre-prepping procedures, cleaning of the sugar bin and proper storage of personal items.  Food sanitation inservices will be conducted quarterly x 3 and as needed based upon the audits for identified areas of concern.  D) The Dietary Manager or dietary staff will monitor food sanitation to include the dating of opened and resealed food items, dinner and divided plates for dried food debris, food storage areas free of staff personal items, storage bins free from debris, and the tray line for prevention of contamination utilizing a QI tool weekly x 4 then monthly.	7/7/11

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F 371	<p>Continued From page 3</p> <p>stated staff were expected to prepare foods across from the storage area.</p> <p>During an observation of the tray line for the dinner meal with the evening cook on 6-18-11 at 5:39pm, a standing floor fan located 8 " x 4 " floor tiles away from steam table was observed blowing back and forth across the tray line of the dinner meal. The floor fan was observed with an accumulation of grey debris extending 3 " from in the center of the fan 's grill. During an interview with the DM on 6-20-11 at 9:32am, the DM reported the standing floor fan was temporary and should not have been blowing over the tray line. Per the DM, the fan was to be cleaned by the dietary aides as part of their regular daily cleaning routine.</p> <p>During an observation with the evening cook on 6-18-11 at 5:40pm of the dinner plates in the lowrator, revealed 8 of 17 dinner plates had dried food debris on them. The cook stated the plates could not be used and needed re-washed.</p> <p>During an observation in the kitchen on 6-20-11 at 9:28am with the DM, 4 of 16 dinner plates were observed with dried brown debris on the plates and were removed by the DM for re-washing. On 6-20-11 at 2:18pm the DM provided a copy of an in-service that was given to dietary staff that addressed checking dishes after washing and emptying the dish machine. An observation of divided dinner plates was made on 6-21-11 at 2:45pm with the DM. The divided dishes were stacked in the drying area of the line. It was observed with the DM that 3 of the 7 examined divided plates had dried brown residue on 2 of the plates, and one divided plate had dried sticky white matter in one of the sections. The DM stated the plates were not clean and needed re-washed.</p>	F 371	<p>F 371 (Continued)</p> <p>D) Areas of concern will be addressed by the Dietary Manager upon identification. The result of the QI audits will be reviewed by the Executive QI Committee monthly X 3 then quarterly with follow up action taken as necessary and to determine the frequency of and/or need for continued monitoring.</p>	7/19/11	

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F 371	Continued From page 4	F 371	<b>F372</b>	7/17/11
F 372 SS=D	<p>The DM stated one of the staff put a lot of "stuff" through the dishwasher between meals. The DM stated the dietary staff were expected to clean the dish machine screens and system after each use.</p> <p>483.35(i)(3) DISPOSE GARBAGE &amp; REFUSE PROPERLY</p> <p>The facility must dispose of garbage and refuse properly.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure waste that contributed to the growth and infestation of pests was properly contained in 1 of 4 dumpsters. (Dumpster #2)</p> <p>Findings include: During an observation of the facility dumpsters, on 6-22-11 at 3:48pm, with the Dietary Manager (DM) revealed dumpster #2 had a 2 foot split in the seam at the bottom right corner. The split in the seam was open 1 inch wide. Further inspection of the back of dumpster #2 revealed the bottom right corner was split at the seam 2 feet wide and 1 inch apart. Observation of the back of dumpster #2 revealed the bottom left of the container had a split in the seam 9 inches wide and was open by 1 inch. Multiple flies were noted near the strong, foul smelling drainage located on the ground under each of the 3 opened corners of the dumpster.</p> <p>An interview with the DM on 6-22-11 at 3:50pm revealed the dumpsters were checked by her</p>	F 372	<p>A) On 6-23-11 dumpster #2 was removed from service.</p> <p>B) All dumpsters were inspected on 7-8-11 by the Maintenance Assistant and were found to be in good condition.</p> <p>C) The Maintenance Department has been re-inserviced regarding the proper disposal of garbage and refuse, as well as the importance of maintaining the dumpsters on 6-28-11 by the Administrator.</p> <p>D) The Maintenance Supervisor, or designee, will inspect the dumpsters weekly as part of their preventative maintenance program utilizing the QI tool to ensure they are in good condition and clean. Any potential concern will be followed up on by the Maintenance Supervisor upon identification.</p> <p>Results of the audits will be forwarded to the Administrator weekly for review and follow up as indicated. The Executive QI Committee will review the audit results monthly x 3 then quarterly with follow up action taken as deemed appropriate and to determine the frequency of and/or need for continued monitoring.</p>	

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F 372	Continued From page 5 about 2 months ago and no concerns were noted. The DM stated she was unaware of the cracks in dumpster #2. The DM stated she didn't have a system to check the dumpsters routinely	F 372		
F 425 SS=D	During an interview with the Administrator on 6-23-11 at 6:39 pm, the Administrator stated she was unaware of the condition of the container and it needed repaired. 483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH  The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.  This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to ensure 3 of 4	F 425	F 425  A) The 3 inhalation discus were removed from the medication cart and discarded- 2 were removed and discarded by the LPN Charge Nurse on 6-18-11 and 1 removed and discarded by the LPN Charge Nurse on 6-22-11  B) The Director of Nursing and Assistant Director of Nursing performed a 100% audit of all medications to ensure there were no expired medications on 6-18-11.  C) Between 6-18-11 to 6-29-11 all licensed nurses were inserviced by the Director of Nursing regarding the policy for medication discard dates.  Audits for expired medications will be completed by the Director of Nursing, or Administrative Nurses, weekly x 4 then monthly x 2 and quarterly x 3. Areas of concern will be followed up on upon identification by the Director of Nursing or Administrative Nurses.  D) Results of the audits will be reported to the Executive QI Committee monthly x 3 then quarterly with follow up action taken taken as deemed necessary and to determine the frequency of and/or need for continued monitoring.	7/17/11

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F 425	<p>Continued From page 6</p> <p>opened _____ (brand name) inhalation discus devices were discarded 30 days after the outer foil packaging had been broken. Findings include:</p> <p>The facility pharmacy policy revised March 2010, titled " Medication Discard Dates " revealed the following:</p> <p>" Inhaled Medications _____ (brand name) " to be discarded " 30 days after opening. "</p> <p>Record review of manufacturer ' s storage instructions revealed the following:</p> <p>" Safely discard _____ (brand name of discus) 1 month after you remove it from the pouch, or after indicator reaches " 0 " , which ever comes first. "</p> <p>Observations on 6/18/11 at 4:39 pm revealed two opened _____ (brand name) inhalation discus boxes in a medication cart. One box was labeled "Date Opened 5/5/11 " and the outer pouch of the discus device had been removed. The second box had a " Date Opened 4/26/11 " with the outer discus device pouch removed.</p> <p>On 6/23/11 at 2:10 PM a third open _____ (brand name) inhalation discus box was found with a label indicating the medication had been opened since " 5/20/11. " The discus device did not have the outer pouch in place over the device.</p> <p>An interview with the facility pharmacist consultant on 6/22/11 at 2:45 pm revealed _____ (brand name) inhalation devices are wrapped in double foil packaging to prevent light</p>	F 425			

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F 425	<p>Continued From page 7</p> <p>from decreasing the strength of the medication. She revealed nurses are to discard opened inhalation _____ (brand name) discus devices 30 days after the outer foil package seal has been broken or removed.</p> <p>An interview on 6/18/11 at 4:45 pm with Nurse # 2 indicated each nurse on each shift was responsible for ensuring there are no expired medications on their medication cart. The nurse stated she checks her medications when she prepares medication for each resident.</p> <p>During an interview on 6/19/11 at 9:37 am the Director of Nursing (DON) revealed it was a facility and pharmacy policy that _____ (brand name) discus devices were disposed of 30 days after opening or removing the outer pouch. The DON stated she expected nurses to check their carts for expired medications on a regular basis.</p>	F 425			