

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

JUN 28 2012

Accepted per P.B.

PRINTED: 06/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/31/2012
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NAME OF PROVIDER OR SUPPLIER HUGH CHATHAM MEMORIAL NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 700 JOHNSON RIDGE RD ELKIN, NC 28621
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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
F 000	INITIAL COMMENTS	F 000		
F 371 SS=E	<p>483.35(l) 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, interviews the facility staff and record reviews the facility failed to label, seal the container and date (use by date) opened frozen foods. The facility failed to label and date container bins of flour and sugar when opened. The facility failed to serve chicken salad at a temperature that was held at 41 degrees or lower. The facility nested wet pots, and pans. This was evident in 2 of 2 observations in the kitchen. Findings included: The facility has a policy and procedure revised 8/2009 titled "Food Safety Product Labeling & Dating Guide-US (United States) During the initial kitchen tour on 5/29/12 at 11:30 am the following pans were stored in a manner that prevented air drying:</p>	F 371	<ul style="list-style-type: none"> F 371 All frozen foods have been properly packaged, labeled and dated. Any food that was not stored properly was disposed. All dietary staff was in-serviced on proper storage and labeling of all food (See Attachment #1 & #2). A new dietary inspection tool was created and implemented to ensure regulatory compliance. (See Attachment #3). A daily inspection of the walk-in freezer will be completed with the new inspection tool to ensure regulatory compliance by the kitchen supervisor or designee. This will be monitored by the CDM for the first 30 days daily. Thereafter, this inspection will be completed weekly by kitchen supervisor or designee and reviewed weekly by CDM or designee. The CDM will report monthly to the PI Committee any findings for their review. Next PI Committee July 17, 2012. The flour and sugar bins were emptied and properly cleaned, labeled and dated. CDM or designee will ensure that flour and sugar bins are cleaned and replenished with new product every 30 days with proper labeling and expiration dates. All dietary staff was in-serviced on proper storage and labeling. (See Attachments #1 & #2). A new dietary inspection tool was created and implemented to ensure regulatory compliance of storage. (See Attachment #3). 	<p>06/01/12</p> <p>05/31/12</p> <p>06/08/12</p> <p>06/04/12</p> <p>06/01/12</p> <p>06/08/12</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Randee B. Smith, NHA* TITLE: *Administrator* (X6) DATE: *6/22/12*

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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- All food temperatures will be taken first by kitchen cook then by cafeteria server prior to serving to ensure appropriate temperatures. If the food temperature is found to be outside safe to serve range, the kitchen supervisor will be notified immediately and the item will be removed from the serving line. 06/04/12
- All dietary staff was in-serviced on proper food temperatures. (See Attachments 1 & 2). 06/08/12
- A new dietary inspection tool was created and implemented to ensure regulatory compliance of safe food temperatures. (See Attachment #3).
- All food temperatures will be monitored and recorded twice on the temperature log (see Attachment #4) for each meal and ongoing by kitchen cook and cafeteria server. Temperature log will be reviewed daily by CDM or designee using the quality inspection tool for the first 30 days. Thereafter, this inspection will be conducted weekly by CDM or designee. The CDM will report monthly to the PI Committee any findings for their review. Next PI Committee July 17, 2012. 06/04/12



NURSING CENTER

Our Region's CHOICE
for TECHNOLOGY & CARE

June 22, 2012

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Nursing Home Licensure and Certification Section
Attn: Ms. Patricia Bridges, RN / Facility Survey Consultant
2711 Mail Service Center
Raleigh, North Carolina 27699-2711

Dear Ms. Bridges:

Please find the enclosed Plan of Correction for Hugh Chatham Nursing Center. This response is triggered from our recertification survey that was conducted on May 29, 2012 – May 31, 2012.

If you should have any questions or concerns regarding this Plan of Correction, please do not hesitate to contact me directly at (336) 527-7685. Thank you.

Respectfully,

Lindsay B. Smith
Administrator

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345095	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2012
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NAME OF PROVIDER OR SUPPLIER HUGH CHATHAM MEMORIAL NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 700 JOHNSON RIDGE RD ELKIN, NC 28621
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K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029	K 061 • On 06/15/12, Plant Operations Maintenance Mechanic contacted Sunland Sprinkler to install all tamper alarms on accelerator valves. Parts have been ordered and valves will be installed by 07/29/12 Plant Operations Maintenance Mechanic will conduct safety checks 5 times a week on sprinkler system to ensure acceleration valve remains in on position until tamper alarms are installed by 07/29/12. Safety checks began on 06/28/12.	Completion Date 07/29/12
K 061 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 06/14/2012 the chemical storage room in the kitchen failed to latch when closed. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1	K 061	• Plant Operations Maintenance Mechanic inspected the riser system throughout the building to identify any valves that needed tamper alarms on 06/18/12. It was discovered that all valves are in compliance with code.	07/29/12 06/28/12 06/18/12
K 076 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 06/14/2012 the accelerator valves were not equipped with tamper alarms. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD	K 076	• Plant Operations Maintenance Mechanic or designee will conduct Environment of Care (EOC) rounds monthly to ensure code compliance starting 07/03/12. Attachment # 2 • Plant Operations Maintenance Mechanic or designee will report (EOC) finding monthly to the Safety Committee. All concerns will be reported. First meeting will be July 18, 2012.	07/03/12 07/18/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Rendray B Smith* TITLE: *Administrator* (X8) DATE: *6/28/2012*

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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K 076	<p>Continued From page 1</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: A. Based on observation on 06/14/2012 the O2 cylinders in the O2 farm out back were gang chained. These must be individually secured. 42 CFR 483.70 (a)</p>	K 076	<p>K 076</p> <ul style="list-style-type: none"> Plant Operations Maintenance Mechanic purchased chains and installed individual chains on each O2 cylinders by 06/18/12 Plant Operations Maintenance Mechanic inspected all O2 storage for proper storage of all O2 tanks on 06/18/12. All O2 storage to ensure proper storage of all O2 storage was found to be within code and properly secured. Environment of Care (EOC) rounds will be performed monthly by Plant Operations Maintenance Mechanic or designee to ensure proper storage of O2. These rounds will begin on 07/03/12. Attachment #2 Environment of Care (EOC) rounds reported monthly to the Safety Committee by the Plant Operations Maintenance Mechanic or designee. Next Safety Meeting will be held on July 18, 2012. 	<p>Completion Date 06/18/12</p> <p>06/18/12</p> <p>07/03/12</p> <p>07/18/12</p>

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K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: A. Based on observation on 06/14/2012 the soiled linen room near nurses station #2 failed to close and latch. 42 CFR 483.70 (a)</p>	K 029	<p>K 029</p> <ul style="list-style-type: none"> Plant Operations Maintenance Mechanic contracted HKS Hardware to adjust door so the soiled utility door at station II and chemical storage door at the kitchen entrance, which now close properly effective 06/18/12. Safety Rounds were made by Plant Operations on 06/28/12 to ensure all doors in the building close and latch per code. Any doors that did not properly latch or close were listed on a round sheet so HKS Hardware Company could correct. All doors that were noted will be fixed by 06/28/12. A building maintenance program (BMP) has been implemented on 06/28/12 to identify concerns and to ensure compliance of doors. The BMP will be conducted monthly by Plant Operations Maintenance Mechanic or designee. Attachment #1 Plant Operations Maintenance Mechanic will report BMP findings monthly to the Safety Committee. All concerns will be reported the first meeting will be July 18, 2012. 	<p>Completion Date 06/18/12</p> <p>06/28/12</p> <p>06/28/12</p> <p>07/17/12</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Russell B. Smith</i>	TITLE <i>Administrator</i>	(X8) DATE <i>6/28/2012</i>
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