DEPARTMENT OF HEALTH AND HUMAN SERVICES

JUN 1 1 2012

PRINTED: 06/01/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345249	B. WING		05/17/2012	
,	ROVIDER OR SUPPLIER AD NURSING CENTER	•	20	EET ADDRESS, CITY, STATE, ZIP CODE 05 EAST KINGS HWY DEN, NC 27288		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
F 371 SS=E	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		F 371	1.All unlabeled or undated food it the original shipping packaging identifying labels in refrigerators freezers were removed and labeled disposed of appropriately.	with and	
	authorities; and (2) Store, prepare, die under sanitary condit	stribute and serve food ions		2.All refrigerators and freezers we checked May 18,2012 to ensure or unlabeled food items were sto improperly. Corrections were ma food removed as necessary.	no undated pred	
	by: Based on observation record reviews, the falterns in the 1 of 1 upwere labeled and date original container, 2) cans from ready-to-us	is not met as evidenced ns, staff interviews, and acility 1) failed to ensure food right freezer/refrigerator ed when taken out of the failed to separate dented se food items, and 3) failed		3.In-services on proper food storag labeling and dating food items w conducted with staff May 23 and May 25, 2012. In-services will as needed. MMH policy 402.6 reviewed and revised.	be continued	
•	dust and grease. Find 1. During the hospi at 11:14 a.m., the foll in 1 of 1 upright freez dough, 1 open clear p steaks, 1 open clear p fingers, and 1 brown	tal's kitchen tour on 5/16/12 owing items were observed er: 5 clear bag of cookie clastic bag of frozen breaded plastic bag of chicken bag of French fries (as tor of food services), all of		4.A checklist was developed for reand freezers monitoring. The Alsupervisors will monitor daily for then weekly to assure compliance results will be reviewed daily by Food Service Director and will be at the next MMH QIC meeting Juand MNC QIC meeting Thursday June 7, 2012.	M/PM r I week, e. The the e reported une 25,2012	
		s kitchen tour on 5/16/12 at ring items were observed in 2 clear bags of diced ham,				

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:F52911 F

If continuation sheet Page 1 of 3

6-4-2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES	OMB NO, 0938-0391				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345249			(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY		
		IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED		
		B. WING		05/17	7/2012		
NAME OF PR	ROVIDER OR SUPPLIER		STR	REET ADDRESS, CITY, STATE, ZIP CODE	·		
MOREHEA	AD NURSING CENTER			05 EAST KINGS HWY DEN, NC 27288			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE	
F 371	Continued From page 1 plastic bags sliced of ham, 10 long rolls of cooked pork, 3 long rolls of ground beef, and 1 pan of frozen chicken (as identified by the director of food services), all of which were unlabeled and undated. During an interview with the food service director on 5/16/12, she stated that the surveyor needed to talk with the food service supervisor. The food service supervisor indicated that she opened the food products and repackaged them and did not		F 371	F 371 A.All dented cans were removed from storage shelves and racks May 17, 2012.			
				2.All dry storage areas were inspected May 17, 2012 for dents, or damage to containers/cans and removed from storage.		6-11-12	
	On a subsequent insp kitchen tour on 5/17/1 items were observed open clear plastic bag 2 open clear plastic b	d date them. Dection of the hospital 's 2 at 1:04 p.m., the following in 1 of 1 upright freezer: 2 up of frozen chicken patties, ags of hush puppies, 2 open	-	3.Staff was in-serviced May 23 and May 25, 2012 on identification of damaged cans/containers and removal of damaged items as approp MMH policy 402.6: Purchasing, Rea & Storage was reviewed and revised	ceiving .	6-11-12	
	clear bags of ham and 2 bags of meatballs (as identified by the director of food services), all of which were unlabeled and undated.			4.An audit was developed and implem checking storage areas as shipments biweekly. The results will be review weekly by the Food Service Directory.	arrive ved r and will be	(-11-12	
	dry storage area on 5 following canned food significant dents at the cans of cream of chiclesoup, and 1 can of did observed stocked am	our of the hospital kitchen's /16/12 at 11:00 a.m., the ls were damaged with eir rim/seal and sides: 3 ken soup, 1 can of potato sed carrots. They were ong and intermingled with products ready for resident		reported at the next MMH QIC meet June 25, 2012 and MNC QIC meeting Thursday June 7,2012.		The second secon	
		ith the food service director im she stated that the ispected by the stock					

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

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 345249 05/17/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HWY MOREHEAD NURSING CENTER **EDEN, NC 27288** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY 1. Filters were cleaned May 17, 2012. Continued From page 2 F 371 person daily and upon delivery, and any cans that were severely dented would be returned to the vendor. Products with small dents not on the seam would be used. 2.All filters were inspected May 17, 2012 6-11-12 to ensure cleanliness and functioning. 3. DDuring the initial tour of the kitchen on 5/16/12 at 11:00 a.m., the exhaust hood filters above the stove were heavily coated with grease and dust. 3. Receiving Clerk was in-serviced May 17, 2012 on proper cleaning techniques and schedules. During a follow-up kitchen inspection on 5/17/12 MMH policy 402.19: Cleaning of Hood System at 1:04 p.m., the exhaust hood filters above the was reviewed and revised as needed indicating stove were heavily coated with grease and dust. process and schedule for cleaning and maintenance. During an interview on 5/17/12 at 3:50 p.m., the director of plant operation revealed that "the exhaust hood filters are contracted through a company and they come in and clean the filters and ductwork every 6 months. " The Director of 4.An audit was developed and implemented plant operation further stated that the filters were checking filters every 2 months to assure last cleaned in October 2011, and the commercial compliance. The results will be reviewed company will come some time in May 2012 to by the Food Service Director and will be clean the filters. He added that he spoke to the reported at the next MMH QIC meeting kitchen supervisor who normally cleans the filters June 25, 2012 and MNC QIC meeting and she cannot remember the last time the filters Thursday June 7, 2012. were cleaned by food service workers in the kitchen, because the supervisor is afraid to climb up and clean the filters.

MOREHEAD NURSING CENTER 286 RAST KINGS HWY EDR. N. C. 2728	STATEM	ERS FOR MEDICARE ENT OF DEFICIENCIES N OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345249	D, 77111	. ICONSTRUCTION OCCASION	VEY ED .
### RESULATORY OR LIGHTENING INFORMATION K 056 NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Installation of Sprinkler Systems, it is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and temper switches, which are electrically connected to the building fire elarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation on Tuesday 9/5/12 at approximately 11:30 PM onward the following was noted: 1) There are two hall showers that have storage closets in the room and the closets are not protected by sprinkler coverage. 42 CFR 483.70(a) Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than	•		er Er			
If there is an automatic sprinkler systems, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly meihtelined in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Regulared sprinkler systems are equipped with vater flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation on Tuesday 6/5/12 at approximately 11:30 PM onward the following was noted: 1) There are two hall showers that have storage closets in the room and the closets are not protected by sprinkler coverage. 42 CFR 483.70(a) K 076 SS=D Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygon storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are enclosed by a one-hour separation.	PREFIX	/FACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X6) DATE DATE
SCHALLING ABRECTOR'S OR PROVIDENSORPHINGSFERSORN (ADVESTIGNALONG)	SS=1	If there is an automa installed in accordar for the Installation or provide complete conduction. The system accordance with NF inspection, Testing, Water-Based Fire Propervised. There is supply for the system sare equippes switches, which are building fire alarm systems are equipped switches, which are building fire alarm systems are equipped switches, which are building fire alarm systems are equipped switches, which are building fire alarm systems are equipped switches, which are building fire alarm systems are endowned approximately 11:30 was noted: 1) There are two has closets in the room a protected by sprinkle 42 CFR 483.70(a) NFPA 101 LIFE SAF Medical gas storage protected in accordar Standards for Health (a) Oxygen storage in 3,000 cu.ft. are enclosed apparation.	atlo sprinkler system, it is noe with NFPA 13, Standard f Sprinkler Systems, to overage for all portions of the m is properly maintained in PA 25, Standard for the and Maintenance of roteotion Systems. It is fully a reliable, adequate water m. Required sprinkler and with water flow and tamper electrically connected to the vetem. 19.3.5 not met as evidenced by: on on Tuesday 6/5/12 at PM onward the following ill showers that have storage and the closets are not roverage. ETY CODE STANDARD and administration areas are not with NFPA 99, Care Facilities. Docations of greater than seed by a one-hour	K 076	1) Storage area door and look removed from each shower room. 2) A review of the shower rooms was conducted during and after the survey to determine corrective action. 3) Staff in serviced on chemical storage. 4) The results of the inspections and tests are maintained in the Facility Engineering office and shared with the Hospital Safety committee as appropriate. The MNC Quality Improvement Committee will also review the inspections and tests. 7 1) The oxygen tank not secured was removed immediately from the West Physical therapy closet and properly stored. 2) An inspection was conducted immediately after the survey to ensure tanks are stored properly.	-10-2012

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days flowing 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 tys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

Event ID: F52921 Facility ID: 943360

DEPAR'IMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2012 FORM APPROVED OMB NO, 0938-0391

		A MEDICAID SERVICES		 			<u>0, 0938-03</u>	97
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345249		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	X2) MULTIPLE CONSTRUCTION L BUILDING 01,01		(X3) DATE SURVEY COMPLETED		•
		B, Wi	B, WING		06/05/2012			
•	PROVIDER OR SUPPLIER EAD NURSING CENTI	iR	r	205 E	ADDRESS, CITY, STATE, ZIP CODÉ AST KINGS HWY N, NC 27288		,	
(X4) ID PREFIX TAG	TOTAL TEACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS:REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE	¥
K 076	Continued From pag 3,000 cu.ft. are vent 4:3.1.1.2, 19.3.2.4		, K	3) I Ho Rep	Routine inspections are conduct spital Safety Committee and re sorted back to them, ff inserviced on oxygen storage	sults	,	
	Based on observation approximately 11:30 was noted: 1) In the West Physic cylinder was found stand or secured in a stand or	not met as evidenced by: on on Tuesday 6/5/12 at PM onward the following cal Therapy closet an oxygen fored free standing and not holder.		by t	The results of the inspection are the MNC Quality Improvement appropriate.	reviewed Committee		
K 144 SS≒F		ETY CODE STANDARD	K 14	4		, , st ~	7-10-20	7/2
	Generators are inspe under load for 30 mln accordance with NFP	cted weekly and exerolsed utes per month in A 99. 3,4,4,1.	,	enun licen	epairs or modifications to the go ciator panel will be made by an used contractor to show indicati or transfer status at the panel.	approved		
				durin	e generator system was run and g the survey and immediately a e all systems were in working o	fter to		
w	Based on observation approximately 11:30 P vas noted;) The generator annu	ot met as evidenced by; on Tuesday 6/6/12 at M onward the following inclator power when tested w generator supplying		to she transi 4) Moo mainta office	onthly generator tests of the systemeted and reporting form will be owned and reporting form will be owned at the status. In the status are reviewed by and alone in Hospital Facility Engine. The results will be reviewed all Safety Committee and the My Improvement Committee.	e changed of power cering .		. ,

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLIER/CLIA NUMBER:	(X2) MU A. BUILL	JLTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 0101	(X3) DATE COMPL	SURVEY LETED		
345249			B. WING		06/	05/2012		
MOREH	PROVIDER OR BUPPLIER EAD NURSING CENTE	,*		STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HWY EDEN, NC 27288				
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENT MUST BE PRECEDED TO THE SECOND TO THE	BY FIRE	ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT TAG CROSS-REFERENCED TO THE APPLICATION OF CORRECTIVE ACTION SHOT TAGE OF CROSS-REFERENCED TO THE APPLICATION OF CORRECTIVE ACTION O		SHOULD BE	OOMPLETION DATE	
K 144	Continued From pag 42 CFR 483.70(a)	ge 2 ,		¹K 144				
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