

11/16/12

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PRINTED: 10/18/2012
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345336	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/04/2012
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-ROANOKE RAPIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 305 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870
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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 -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, staff interviews, and record review, the facility failed to store food and drink items in the walk-in refrigerator and dry storage areas in a sanitary manner; the facility failed to maintain food preparation equipment in a clean, sanitary manner; and the facility failed to maintain a drainage area of the kitchen floor free of debris.</p> <p>Findings include:</p> <p>An observation of the walk-in refrigerator on 10/1/12 at 10:10 AM revealed seven 4-ounce cups were ¾ full of thickened fluids and placed on a tray on a shelf. The cups had no covers and the contents were exposed to the air in the refrigerator. No date was observed to indicate when the liquid was prepared. The Nutrition Services Manager (NSM) stated the cups of thickened fluid should have been covered and dated. An opaque 2-gallon container, half full of orange juice, was labeled with a "use by date" of 9/28/12. The NSM reported the staff had put the</p>	F 371	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>Individual residents were not identified on the CMS-2567.</p> <p>NSM and Maintenance Director were inserviced on food storage, sanitation and use of monitoring forms. Action Plan put in place to ensure that the food and drink items in walk-in refrigerator and dry storage areas are kept and prepared in sanitary conditions. NSM and RD revised cleaning list with specific duties assigned to each dietary employee to address areas of concern and make sure that food items are stored and prepared in a sanitary environment. Monitoring of cleaning list, labeling, dating, covering of food items is on going on a daily basis. Results of weekly monitoring by NSM/designee will be reviewed by PI monthly for 6 months. All dietary staff received 1:1 in-servicing by NSM and RD on labeling, dating, covering, and storage of beverages in dry storage and refrigerator on 10/1/12. NSM inserviced the dietary aide responsible for the uncovered, unlabeled items and made her aware that items should be covered, labeled and dated immediately after preparation. NSM/designee to monitor daily and F/U with dietary staff on any findings or concerns and continue to in-service regularly. Results of monitoring will be reviewed by PI monthly for 6 months</p>	10/22/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Robert L. Vernon</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>11/14/12</i>
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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.

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-ROANOKE RAPIDS			STREET ADDRESS, CITY, STATE, ZIP CODE 305 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870		
(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)	(X6) COMPLETION DATE	
F 371	<p>Continued From page 1</p> <p>wrong date on the orange juice container and it would be used that day.</p> <p>On 10/1/12 at 10:18 AM, an observation of the dry storage area revealed an opened 50-pound bag of sugar in it ' s original packaging sitting on the floor in the doorway and had no opened date. The bag was opened at the top and exposed to air. During an interview with the Manager on 10/4/12 at 10:45 AM, the Manager stated the sugar was expected to have been poured into a container when it was opened. A clear plastic container of flour was not dated when opened. Pinto beans, black eyed peas, and navy beans that were poured into clear containers were undated when the original bags were emptied into the containers. The NSM applied a clear plastic tape with an opened date of 9/23/12 on the clear container of black eyed peas stating she opened the original container on 9/23/12. A clear container of white rice was opened with no date when the original package was poured into the container. During an interview with the Manager on 10/4/12 at 10:45 AM, the Manager stated the containers should have been labeled with an opened date when filled.</p> <p>An observation on 10/1/12 at 10:22 PM revealed the lowrator contained cleaned ready to use dinner plates. The top of the lowrator had thickened yellow drops on the surface. There were 2 dinner plates with chips on the underside of the rims. Five dinner plates on the dry racks were observed with chipped edges. During an interview with Dietary Aide #1 on 10/1/12 at 10:23 AM, the Aide reported the plates were checked after they go through the dishwasher and were</p>	F 371	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>10/1/12 NSM spoke with employee responsible for 50 lb. bag of sugar left on floor, opened and unlabeled. 1:1 in-service was conducted with employee reinforcing that sugar should have been poured into the bin and labeled immediately after opening. All dietary staff in-serviced on labeling, dating and covering all foods in the dry storage and refrigerator with opened use-by-dates to include beans, rice, peas, sugar, thickener and any other items that were delivered and poured into containers other than their original packaging. NSM/designee to monitor daily and F/U with dietary staff on any findings or concerns and continue to in-service regularly. Results of monitoring will be reviewed by PI monthly for 6 months. On 10/1/12 the low rater was cleaned by the dietary aide. All cracked/ chipped dishes were thrown away. 1:1 in-service was conducted with each dietary employee on cleaning of the low rater as indicated on the cleaning schedule and to throw away any cracked or chipped dishes immediately as they see them. NSM/designee will continue to monitor daily and F/U with dietary staff on any findings or concerns and continue to in-service regularly. Results of weekly monitoring will be reviewed by PI monthly</p>		

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-ROANOKE RAPIDS			STREET ADDRESS, CITY, STATE, ZIP CODE 306 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870	
(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	<p>Continued From page 2</p> <p>supposed to be pulled from use when they were chipped. An interview with the NSM 10/4/12 at 10:26 AM revealed the chipped dishes should have been removed from the drying rack and needed to be thrown away.</p> <p>An observation on 10/1/12 at 10:25 PM of the stainless steel manual can opener revealed built up blackened matter on the face of the opener behind the cutting edge of the device. There was dried yellow food splatter on the front of the opener. The NSM reported the can opener was cleaned at the end of the shift daily. Review of the Cleaning Schedule for the week of September 30 through October 6, 2012 revealed the can opener was cleaned on 9/30/12. The shelves of the drying rack for the plate covers had a 2 to 4" strip from one end of the shelf to the other end under each row of plate covers that were peeling. The NSM picked at the loose edges of the peeling surface and was able to remove small pieces. The Manager reported the rack was cleaned monthly and was last cleaned in August 2012. The Dietary Manager stated the rack needed to be cleaned and the loose peeling edges needed to be scraped off.</p> <p>An observation of a floor drain in the kitchen below a stainless table on 10/1/12 at 10:35 AM revealed a build up of black matter around the drain. Eight surrounding floor tiles had build-up of blackened matter in the grout between tiles. The NSM reported the drain was cleaned with bleach on occasion, but did not expect to have a mold build up around the drain or the grout between tiles.</p>	F 371	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>for 6 months. Can opener was thoroughly cleaned on 10/1/12 by cook and remains on cleaning list. Dome rack (plate cover rack) was cleaned on 10/1/12 and remains on cleaning list. Cooks were in-serviced on the cleaning of can opener and instructed to clean on a daily basis. Dietary aides were in-serviced on cleaning the dome rack on a weekly basis. NSM/designee to monitor daily and F/U with dietary staff on any findings or concerns and continue to in-service regularly. NSM will present the results of monitoring to PI for 6 months to ensure compliance. Floor drain and surrounding tiles were cleaned and sanitized by NSM on 10/1/12. Inservice was provided 1:1 to dietary staff re: more thorough mopping of floors and cleaning of drains daily to prevent build-up matter from collecting on drains. NSM/designee will monitor daily and F/U with dietary staff on findings or concerns and continue to in-service regularly. Maintenance Director developed and implemented a clean schedule to address drain referenced in CMS-2567, as well as all other drains in kitchen. Results of weekly monitoring will be reviewed by PI monthly for 6 months.</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345336	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING RECEIVED NOV 15 2012 CONSULTATION	(X3) DATE SURVEY COMPLETED 10/30/2012
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-ROANOKE RAPIDS			STREET ADDRESS, CITY, STATE, ZIP CODE 305 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870	
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K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: A. Based on observation on 10/30/2012 the delayed egress lock on the Section 2 exit door failed to release with pressure. Devive was corrected during survey. B. Based on observation on 10/30/2012 the doors from the enclosed court yard have delayed egress to reenter the building and then one must pass through another delayed egress lock in order to exit the building. You can only pass through one such lock to exit the building. 42 CFR 483.70 (a)	K 038	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> All delayed egress locks have been inspected to ensure compliance. All doors work correctly when pressure is applied. Director of Maintenance will inspect exit doors weekly and document in Preventative Maintenance Log. Delayed egress locks have been removed from the court yard exits and all other exits have been checked. Now only pass through one such lock to exit the building. PM Log will be reviewed by Safety Committee quarterly to ensure continued compliance for 1 year. Director of Maintenance will present findings to PI committee.	11/7/12
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: A. Based on observation on 10/30/2012 ther was no divider between the deep fat fryer and the gas range. 42 CFR 483.70 (a)	K 069	A removable divider has been fabricated and placed between the deep fat fryer and the range. Kitchen staff has been inserviced on the use and cleaning of the divider. Kitchen was checked for any other equipment that needed dividers. The divider will be checked weekly by Maintenance director and results reported to PI committee for 4 months to ensure compliance.	11/6/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Robert J. Vernon* TITLE *Executive Director* (X6) DATE *11/14/12*

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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB-ROANOKE RAPIDS			STREET ADDRESS, CITY, STATE, ZIP CODE 305 FOURTEENTH STREET ROANOKE RAPIDS, NC 27870		
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K 000	INITIAL COMMENTS A. Based on observation on 10/30/2012 there were no LSc deficiencies noted .	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Robert H. Kennon
TITLE
Executive Director
(X6) DATE
11/14/12

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