PRINTED: 12/20/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NÜMBER:	(X2) N		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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		345197	B. WA	4G		12/0	06/2012
	ROVIDER OR SUPPLIER RIDGE OF NC LLC			] 2	REET ADDRESS; CITY, STATE, ZIP CODE 237 TRYON ROAD RUTHERFORDTON, NC 28139		
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPLICATION DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	rs	F	000			
	complaint Investigat 483.15(h)(2) HOUS		F	253		TION OF.	
	maintenance service	ovide housekeeping and es necessary to maintain a d comfortable interior.			PREPARATION AND/OR EXECUTATION PLAN OF CORRECTION DO CONSTITUTE ADMISSION OR ACT BY THE PROVIDER OF THE TRUFACTS ALLEGED OR CONCLUSIFORTH IN THE STAEMENT OF	DES NOT GREEMENT TH OF THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	by: Based on observatifacility falled to main common shower roo	T is not met as evidenced ons and staff interviews the tain cleanliness in 2 of 3 ons (C-Hall common shower	1		PORTH IN THE STAEMENT OF DEFICIENCIES. THE PLAN OF C IS PREPARED AND/OR EXECUTE BECAUSE IT IS REQUIRED BY TE PROVISIONS OF FEDERAL AND	ED SOLELY HE	
	room and B-Hall con The findings are:				F 253 1- HOW CORRECTIVE ACTION BE ACCOMPLISHED FOR THE RESIDENT AFFECTED:	ON WILL E	**- ·
1	room on 12/03/12 at functioning heater/fa with the air flow dired	of C-Hall common shower 9:40 AM revealed a n on wall of shower room cted towards the resident ent of the heater/fan had a			-THE C- HALL SHOWER ROC WAS CLEANED BY HOUSEK ON 12-06-2012	OM FAN EEPING	
8	coating of gray dust of surface area. Large	covering the majority of the clumps of dust were noted not the vent slats of the			-THE B-HALL SHOWER MAT DISPOSED OF BY HOUSEKER 12-06-2012.		
o h o a	on 12/05/12 at 10:50 neater/fan on wall of of gray dust covering nea. Large clumps o	Hall common shower room AM revealed the vent of the shower room had a coaling the majority of the surface of dust were noted clinging ent slats of the heater/fan.			2- HOW CORRECTIVE ACTIO ACCOMPLISHED FOR THOSE RESIDENTS HAVING THE PO TO BE AFFECTED:	:	
: <u> </u>		C-Hall common shower					
Α	final observation of	C-Hall common shower		$\frac{1}{v}$	tratal 12	2.26.5	X6) DA

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting employing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings safeguards provide are decisionally according to the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plan of correction is considered to days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to antinued program participation.

Facility ID: 923434

ontinuation sheet Page 1 of 11

F 253 Continued From page 1 room on 12/06/12 at 9:26 AM revealed a functioning heater/fan on wall of shower room with the air flow directed towards the resident shower stalls. The vent of the heater/fan had a coating of gray dust covering the majority of the surface area. Large clumps of dust were noted clinging on the bottom of the vent slats of the heater/fan.  During an interview on 12/06/12 at 10:10 AM, Nurse Aide (NA) #1 observed the heater/fan on the wall of C-Hall common shower room heater/fan vents.  During an interview on 12/06/12 at 10:20 AM, Unit Menager (UM) #1 observed the heater/fan on the wall of C-Hall common shower room heater/fan vents.  During an interview on 12/06/12 at 10:20 AM, Unit Menager (UM) #1 observed the heater/fan on the wall of C-Hall common shower room denfirmed it was dirty and stated-it-was-net-the job of murses or unit managers to clean the common shower room heater/fan vents.  During an interview on 12/06/12 at 2:23 PM with Laundry Assistant (LA) #1, who stated she was filling in for the housekeeping supervisor during the week of the survey. LA #1 explained it was ordinarily the responsibility of the floor cleaner to clean the vents of the common shower room heater/fans. LA #1 stated the floor cleaner to clean the vents of the common shower room heater/fans. LA #1 stated the floor cleaner to clean the vents of the common shower room heater/fans. LA #1 stated the floor cleaner to clean the vents of the common shower room heater/fans. LA #1 stated the floor cleaner to clean the vents of the common shower room heater/fans. LA #1 stated the floor cleaner to clean the vents of the common shower room heater/fans. LA #1 stated the floor cleaner to clean the vents of the common shower room heater/fans. LA #1 stated the floor cleaner to clean the vents of the common shower room heater/fans. LA #1 stated the floor cleaner to clean the vents of the common shower room heater/fans. LA #1 stated the floor cleaner to clean the vents of the common shower room heater/fans. LA #1 stated the fl	CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u>0. 0938-0391</u>
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NAME OF PROVIDER OR SUPPLIER  WILLOW RIDGE OF NC LLC  CY4)ID  SUMMARY STATEMENT OF DEFICIENCIES  (PACH DEPTICENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 253  Continued From page 1  room on 12/06/12 at 9:26 AM revealed a functioning heater/fan wall of shower room with the air flow directed towards the resident shower stalls. The vent of the heater/fan had a coaling of gray dust covering the majority of the surface area. Large clumps of dust were noted clinging on the bottom of the vent slats of the heater/fan.  During an interview on 12/06/12 at 10:10 AM, Nurse Aide (NA) #1 observed the heater/fan on the wall of C-Hall common shower room and confirmed it was diffy and stated it was not the job of NAs to clean the common shower room and confirmed the was diffy and stated it was not the job of Thurses or unit managers to clean the common shower room heater/fan vents.  During an interview on 12/06/12 at 10:20 AM, Unit Manager (UM) #1 observed the heater/fan on the wall of C-Hall common shower room and confirmed it was diffy and stated it was not the job of Thurses or unit managers to clean the common shower room and confirmed the was dirty and stated it was not the job of Thurses or unit managers to clean the common shower room heater/fan vents.  During an interview on 12/06/12 at 10:20 AM, Unit Manager (UM) #1 observed the heater/fan on the wall of C-Hall common shower room and confirmed the was dirty and stated it was not the job of Thurses or unit managers to clean the common shower room heater/fan vents.  During an interview on 12/06/12 at 10:20 AM, Unit Manager (UM) #1 observed the heater/fan on the wall of C-Hall common shower room and confirmed the was dirty and stated it was not the job of Thurses or unit managers to clean the common shower room heater/fan vents.  During an interview on 12/06/12 at 10:20 AM, Unit Manager (UM) #1 observed the heater/fan vents.  During an interview on 12/06/12 at 10:20 AM, Unit Manager (UM) #1 observed the heater/fan vents.  During an intervie				A 80	ILDING	<u></u>		C
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maintenance while maintenance projects were being done. LA #1 observed the heater/fan on the wall of C-Hall common shower room and confirmed it was dirty and she would arrange to have it cleaned immediately.  DEFICIENCIES ARE IDENTIFIED THE QA PLAN WILL BE MODIFIED AT THE TIME OF THE MEETING  -THE ADMINISTRATOR OR DESIGNEE IS RESPONSIBLE FOR OVER ALL COMPLIANCE.		functioning heater/far with the air flow direct shower stalls. The vere coating of gray dust or surface area. Large of clinging on the bottom heater/fan.  During an interview or Nurse Aide (NA) #1 of the wall of C-Hall common confirmed it was dirty job of NAs to clean the heater/fan vents.  During an interview or Manager (UM) #1 obs wall of C-Hall common confirmed it was dirty if job of nurses or unit more common shower room.  During an interview on Laundry Assistant (LA filling in for the housek the week of the survey ordinarily the responsification the vents of the cheater/fans. LA #1 states moved temporari maintenance while matched the wall of C-Hall common confirmed it was dirty at the wall of C-Hall common confirmed it was dirty at the confirmed it was dirty.	2:26 AM revealed a en en wall of shewer room eed towards the resident and of the heater/fan had a covering the majority of the elumps of dust were noted to of the vent slats of the elumps of dust were noted to of the vent slats of the elumps of dust were noted to of the vent slats of the elumps of dust was not the elumps of dust was not the elumps of the heater/fan on the elumps of the elump	F	253	SUPERVISOR WERE IN-SERVIZ-07-2012 BY ADMINISTRATE THE FOLLOWING:  -MAINTAINING A CLEAN AN PRESENTABLE FACILITY -PROPER ENVIROMENTAL RESENTABLE FACILITY -PROPER ENVIROMENTAL RESENTABLE FACILITY CLEANING SET IN THE FACILITY THE PROPERTMENT HEAD IN ASSIGNED AN AREA OF THE FACILITY. THEY WILL COMPENVIROMENTAL AUDIT ROUD DAILY WHILE IN THE FACILITY IS IN REPAIR AND CLEAN.  4-HOW THE FACILITY PLANS MONITOR IT'S PERFORMANCE SURE THAT SOLUTION SUSTAINED:  -THE QA TOOLS WILL BE RESENTED AT THE DAILY QA COMMITTING TO OBSERVE FOR DEFICIENCIES/TRENDS, IF AND DEFICIENCIES ARE IDENTIFICATION OF THE MEETING THE ADMINISTRATOR OR DIS RESPONSIBLE FOR OVER AND THE ADMINISTRATOR OR DISTRATOR	ICED ON OR	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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		345197	B. WI	B. WNG					
	ROVIDER OR SUPPLIER RIDGE OF NC LLC				REET ADDRESS, CITY, STATE, ZIP CODE 237 TRYON ROAD				
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F 253	Continued From page	2	F	253	,		i		
	room on 12/03/12 at	10:00 AM revealed 2 of 3							
		ng on rods in shower stall							
-		s-coating the backs of the	1						
	mats.								
	Obsessed 4 D 14 - 11		1		i		ļ		
		common shower room on revealed 2 of 3 bath floor	Ì				<u> </u>		
		separate hangers in shower	1						
		debris coating the backs of					]		
		observation, both shower							
		bath floor mats were wet.							
			1				1		
- 1		common shower room on	1				]		
	1	evealed 2 of 3 bath floor			ł	i	i		
		gers in shower stalls with	Ì						
į		ting the backs of the mats.							
		s were observed sticking to	Ì						
		of each of the two mats. chipped off when rubbed	ļ				j l		
	with a paper towel.		1						
	mar a papor torror.		ļ		1		j l		
	During an interview or	n 12/06/12 at 2:23 PM with					i I		
1		) #1, who stated she was							
		ceeping supervisor during	<b>1</b>			.[	-		
		y. LA #1 stated it was her	1				:		
	expectation the B-hall		j						
		s of the bath floor mats	1		}				
	•	ousekeepers were to take							
		scrub them, clean them with em with new mats which	1						
		if the black debris could not	ì						
		packs of any bath floor mat.	1			ļ			
ł		ath floor mats in the B-Hall							
	common shower room	on 12/06/12 at 2:35 PM							
ĺ	and confirmed they we	ere covered with debris and	j			}			
		d replaced by housekeeping							
	staff immediately.								
F 309	483.25 PROVIDE CAP	RE/SERVICES FOR	F	309 i	1	l			

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

1		MEDICAID SERVICES					<u>0. 0938-039</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) A A BU		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	TED
		345197	B, WI	NG_		100	C 06/2012
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100000	NOTIBELLON GOLF LICK				REET ADDRESS, CITY, STATE, ZIP CODE		
WILLOW	RIDGE OF NC LLC	•		1	RUTHERFORDTON, NC 28139		
(X4) ID	SHIMMADY STA	ATEMENT OF DEFICIENCIES	l ID		PROVIDER'S PLAN OF CORRECT		1 ~~
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAC	3	CROSS-REFERENCED TO THE APPR DEFICIENCY)	ROPRIATE	DATE
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_	   Each rooldont must ro	soive and the facility must			BE ACCOMPLISHED FOR TH	ΉE	
		ceive and the facility must care and services to attain	1		RESIDENT AFFECTED:		
		it practicable physical,				,	
	mental, and psychoso				-R-51 HAND PALM GUARDS	APPLIED	
		omprehensive assessment			12-06-2012 BY NURSING	-	
	and plan of care.						
	-				2-HOW CORRECTIVE ACTION		
			İ		BE ACCOMPLISHED FOR TH		
]					RESIDENTS HAVING THE PO	DTENTIAL	
1		is not met as evidenced			TO BE AFFECTED:		
	by:						
		s, record review, and staff			-THE NURSING DEPARTMEN	T HEADS	] [
		falled to apply palmar rolls			COMPLETED AUDITS OF AL	L	
ĺ		ne as recommended by (OT) for 1 of 1 resident			RESIDENTS WHO HAVE		
į		notion (Resident #51).	1		CONTRACTURES AND/OR		
	To the the left lange of t	Moboli (Mesiderk #51).	1		SPLINTS/GUARDS TO ENSUI	_	
	The findings are:	···	1		ALL CARE WAS BEING PROV		
ļ				- 1	ORDERED AND/OR REQUIRE		
	Resident #51 was adm	litted to the facility with		ı	FURTHER DISCREPANCIES V		
		mentia, diabetes mellitus,	1	I	NOTED, THIS WAS COMPLE	LED ON	
		steoporosis, and coronary	ļ.,	-	12-06-2012		i
	artery disease. A signi	ficant change Minimum	<b>1</b>		3-WHAT MEASURES WILL B	77 15T PE 15.1	
		eted on 09/30/12 revealed	1		PLACE OR SYSTEMIC CHAN		
	Resident #51 totally de	pendent on staff for	1		MADE TO ENSURE CORRECT		
	activities of daily living	and her functional range of	1		MADE TO ENSURE CORREC	HON.	
		alred on both sides of her		I	-THE NURSING STAFF WERE	r DAT	• •
		care plans revealed none lent #51's bliateral hand	ł		SERVICED BY THE STAFF	> 114-	-
	wnich addressed Resid contractures.	ieni 45 i s diiaterai nand		1	DEVELOPMENT COORDINA	rap 1ว	
] '	oonaaqtaras,		1		26-2012 ON	1014, 12*	
1,	Further review of the m	edical record revealed		- 1	THE FOLLOWING:	j	
		OT services for treatment			THE RESIDENTS WHO RE	SOLUBE	J
	of bilateral hand flexion		1		CONTRACTURE EQUIPM		j
	04/24/12 through 06/11		1		THE REASONS WHY THE		
		4/12 noted Resident #51's		1	REOUIRED.	יי אויני	ŀ

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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MALIE OF D	DOMESTIC OF GROOM ITS	340137			· <del></del>	12/0	06/2012
	ROVIDER OR SUPPLIER RIDGE OF NC LLC			2	REET ADDRESS, CITY, STATE, ZIP CODE 37 TRYON ROAD RUTHERFORDTON, NC 28139		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X6) COMPLETION DATE
F 309	bilateral hand contract left hand than the righ pressed into her palm included increasing bit palm guards as tolerate extension, and improv OT discharge summar Resident #51 had read rehabilitation potential improved bilateral han rolls.  During a staff interview Nurse #2 stated Resident with the contracted bilaterally a hands could be fully extension.	tures were greater on the t and the middle digits s: Short term goals lateral hand extension using ted, increased hand ed hygiene in hands. The ry dated 06/25/12 stated ched maximum	F		LOCATION OF THE FACIMASTER EQUIPMENT LIST KARDEX.     ENSURING THAT EACH RESIDENTS PLAN OF CAIBEING CARRIED OUT.  THE MASTER EQUIPMENT/SUPPORTIVE DEVINAS BEEN DERIVED FOR EACH COMPLETED ON 12-07-2012  -EACH DEPARTMENT HEAD HASSIGNED A WING IN THE FACILITY ROUNDS WHILE IN THE FACILITY ENSURE THAT THE RESIDENTS OF CARE ARE BEING FOLLOWER.	ST AND RE IS VICE LIST I WING. AS BEEN CILITY M DAILY ITY TO S PLAN	
	10:30 AM revealed her her arms folded across were in a fisted position observation on 12/05/1 Resident #51 was restifolded across her ches fisted position. Her fingher hands. The palms and were only slightly particles at 2:26 PM revealed Reextend the fingers of elshe provided passive Resident across her chester at 2:26 PM revealed Reextend the fingers of elshe provided passive Resident across the position across the provided passive Resident across the position across the	2 at 2:25 PM revealed ing in bed with her arms it and both hands in a gers touched the palms of of her hands were intact bink.  Aide (NA) #3 on 12/05/12 esident #51 could not ther hand. NA #3 stated ROM white providing care finger nails as needed.  Resident #51 having			THERAPY DEPARTMENT WILL CONTINUE TO ASSESS EACH REQUARTERLY FOR CONTRACTUPOSSIBLE EQUIPMENT NEEDS.  4-HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO SURE THAT CORRECTIONS ARE ACHIEVED AND SUSTAINED TO ALL QA MONITORING TOOLS TO REVIEWED AT THE DAILY QA COMMITTEE MEETING FOR COMPLIANCE /EFFECTIVNESS	ESIDENT TRES AND TO TO MAKE E	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SU COMPLET	TED
		345197	B. WN	ıG_			C 6/2012
	ROVIDER OR SUPPLIER		•	2	REET ADDRESS, CITY, STATE, ZIP CODE 37 TRYON ROAD RUTHERFORDTON, NC 28139		
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F 309	Resident #51 was awarms folded across he were in a fisted position palms of her hands. The ware intact and were of was a faint sour odor interviewed during the cleaned Resident #51' during the shift when a could not recall Reside palmar rolls for her hand the fingers of the palmat the fingers of approximately 50%. The further stated Resident wash cloth in the palm Director of Nursing was interview and located as were in the fingers of the fingers of the palmater of the fingers of the palmater of the fingers of approximately 50%. The further stated Resident wash cloth in the palm Director of Nursing was interview and located as were interview.	o6/12 at 2:20 PM revealed ake in her chair-with her or chest and both hands in. Her fingers touched the he palms of her hands only slightly pink. There noted. NA #4 was observation and stated she is hands at least once the cared for her. NA #4 ant #51 having splints or note.  12/06/12 at 2:55 PM the assessed the ROM of all hands/fingers. The stated Resident #51 could be left hand approximately her right hand he Rehabilitation Director if #51 needed "at least a in of her left hand. The is present during the inpalm guard in Resident interest and certain what the current	F	309	-ANY DISCREPANCIES/INEFFECTIVE TRENDS WILL BE DISCUSSED REVIEWED AT THE DAILY QA COMMITTEE MEETING. FURTI EDUCATION AND INTERVENT WILL OCCUR AS NEEDED  -THE DEPARTMENT HEAD QA WILL CONTINUE UNTIL SUBS' COMPLIANCE IS OBTAINED. A TIME THE QA COMMITTEE WI AND REVIEW THIS PROCESS A DECREASE THE ROUNDS TO W -DIRECTOR OF NURSING/DESI RESPONSIBLE FOR COMPLIAN	AND HUR TONS ROUNDS FANTIAL AT THAT LL MEET AND VEEKLY GNEE IS	
F 369 SS=D	Nursing (DON) on 12/0 DON stated she review record and did not loca the palm guard or palm 483.35(g) ASSISTIVE I EQUIPMENT/UTENSIL	red Resident #51's medical le an order to discontinue ar roll. DEVICES - EATING .S	F 3	69			

	TMENT OF HEALTH AIRS FOR MEDICARE &	ND HUMAN SERVICES			FOR	D: 12/20/201: M APPROVE	
STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SU COMPLE		
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	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE 237 TRYON ROAD RUTHERFORDTON, NC 28139	120	00/2012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEOED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 369	, common rom, page	6 is not met as evidenced	F 36	9 F369		12:3012	
	by: Based on observation interviews, the facility	s, record review, and staff failed to provide food in the Speech Therapist for 1		1-HOW CORRECTIVE ACTI ACCOMPLISHEDFOR THE AFFECTED: -R # 173 WAS PROVIDED H ORDERED BY SPEECH THE 12-07-2012.	RESIDENT ER MEALS AS	S	
	meal on 12/04/12 at 12 was sitting on her bed, private caregiver from An observation of Resi on 12/05/12 at 12:20 P in the dining room at a residents, eating her fo plate with a small bowl and drinks. The diet ca	dent #173 having a meal M revealed she was sitting table with 3 other od from a regular-size of jello next to the plate ird on the tray was Resident #173 and it read		2-HOW CORRECTIVE ACTIVACCOMPLISHED FOR THOSE RESIDENTS HAVING THE PARTOR OF THIS ACTIVATION OF THE PARTOR OF THIS ACTIVATION OF THIS ACTIVATION OF THE PARTOR OF THE PARTO	SE OTENTIAL ALLEGED PARTMENT DS TO RESIDENTS EATING FURTHER		
	at 5:19 PM revealed sh served food by an NA fi When resident #173 wa was brought out into the observed with a regular fruit in a small bowl nex	-size plate with food on it, t to the plate, and drinks. y was identified as being read "Special		3-WHAT MEASURES WILL E PLACE OR SYSTEMIC CHAN TO ENSURE CORRECTION: -THE DIETARY DEPARTMEN SERVICED BY THE DIETARY ON 12-07-2012:	IGES MADE		

Review of order for Resident #173's dietary tray

PRINTED: 12/20/2012

PRINTED: 12/20/2012 **DEPARTMENT OF HEALTH AND HUMAN SERVICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING С R WING 345197 12/06/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 237 TRYON ROAD WILLOW RIDGE OF NC LLC **RUTHERFORDTON, NC 28139** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY \*PROVIDING ORDERED ADAPTIVE F 369 Continued From page 7 F 369 EATING EQUIPMENT TO ALL card revealed change was made on 11/20/12 at RESIDENTS. 1:45 PM to "Special Instructions: all food in \* OBSERVING AND PROVIDING bowls". ORDERED ADAPTIVE EQUIPMENT AS LISTED ON THE DIETARY TRAY CARDS. Interview with NA #2 on 12/06/12 at 1:45 PM revealed she was aware Resident #173's meal trays came with food in small bowls and staff -EACH DEPARTMENT HEAD HAS BEEN were to serve all food to Resident #173 in small ASSIGNED A DINING ROOM WHILE IN bowls. NA #2 reported she had not served a THE FACILITY AND WILL COMPLETE meal to Resident #173 on 12/04/12 or 12/05/12. RANDOM QA DAILY ROUNDS WHILE IN THE FACILITY TO ENSURE THAT THE Interview with Unit Manager (UM) #1 on 12/06/12 RESIDENTS PLAN OF CARE IS BEING at 2:20 PM revealed she was not aware of the **FOLLOWED** recommendation for Resident #173 to receive all food served in bowls. A follow up interview with UM #1 on 12/06/12 at 2:45 PM revealed the 4-HOW THE FACILITY PLANS TO Dietitian had just informed UM #1 the Speech MONITOR ITS PERFORMANCE TO Therapist had ordered that all Resident #173's MAKE SURE THAT SOLUTIONS ARE food be served in small bowls a few weeks ACHIEVED AND MAINTAINED: earlier. The Speech Therapist recommended the intervention in hopes it-would increase Resident #173's intake at meals. UM #1 reported she had -ALL OA MONITORING TOOLS-WILL not been made aware of the order change until BE REVIEWED AT THE DAILY OA now. COMMITTEE MEETING FOR COMPLIANCE ----

units.

Interview with Dietary Manager (DM) on 12/06/12 at 3:15 PM revealed that although 3 dietary aides review the diet tray card while preparing trays in

food be put in bowls. The DM stated she cannot

explain why Resident #173's tray had food on a

regular plate on 12/04/12 and 12/05/12. The DM

stated her expectation was that the dietary aides will check the food, equipment, and utensils on each tray against the orders on the diet tray card before loading the trays on the cart to go to the

the kitchen, only the 3rd dietary alde was responsible for requesting that Resident #173's

AS NEEDED.

-ANY DISCREPANCIES OR TRENDS WILL BE DISCUSSED AND REVIEWED

AT THE DAILY OA COMMITTEE

MEETING. FURTHUR EDUCATION

AND INTERVENTIONS WILL OCCUR

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Γ΄.	MULTIP	LE CONSTRUCTION	(X3) DATE SU COMPLE	
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F 369 F 371 SS=E	Interview with Interin on 12/06/12 at 4:12 I was any staff person the tray cart to a resi resident's diet tray ca form, equipment, and food tray to the resid 483.35(i) FOOD PRO STORE/PREPARE/S	n Director of Nursing (DON) PM revealed her expectation who takes a food tray from ident would review the ard for accuracy of the food that tutensils before serving the ent.		F 369	-THE DEPARTMENT HEAR ROUNDS WILL CONTINU SUBSTANTIAL COMPLIA OBTAINED. AT THAT TIME COMMITTEE WILL MEET REVIEW THIS PROCESS ADECREASE TO WEEKLY THEREAFTER.  -DIETARY MANAGER/.DERESPONSIBLE FOR COME	E UNTIL NCE IS Æ THE QA AND AND ESIGNEE IS	
	considered satisfactor authorities; and (2) Store, prepare, di under sanitary condit under sanitary condit where sanitary condit the sanitary condit the sanitary condit the sanitary condit the sanitary condition on the sanitary falled to store sealed containers and an expiration date.  The findings are:  1. An observation on revealed two 5 pound mozzarella cheese arcream cheese withou	is not met as evidenced  ns and staff interviews the foods in the refrigerator in d with a date of storage or			1-HOW CORRECTIVE ACT BE ACCOMPLISHED FOR TRESIDENT AFFECTED:  -THE BAGS OF SHREDDED WERE DISPOSED OF ONCE OF THE ALLEGED DEFICH  -THE OPEN SAUSAGE PAT DISPOSED OF ONCE NOTIT THIS ALLEGED DEFICIENCE  2-HOW CORRECTIVE ACT BE ACCOMPLISHED FOR TRESIDENTS HAVING THE TO BE AFFECTED:	CHEESE NOTIFIED ENCY TIES WERE FIED OF CY. ION WILL	123012

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		E CONSTRUCTION	(X3) DATE SUI COMPLET	
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ļ.	ROVIDER OR SUPPLIER			237	EET ADDRESS, CITY, STATE, ZIP CODE 7 TRYON ROAD JTHERFORDTON, NC 28139		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE	(X6) COMPLETION DATE
	12/03/12 at 9:55 AM runable to find visible of cheeses. The DM act date was unknown, the ensure the cheeses with expiration dates.  An interview with the F 12/05/12 at 10:49 AM from outside the facility dates for monitoring process.  Further interview with 4:19 PM revealed she facility food supplier restated she was informated were on the packaging cheeses were delivered dates should be visible purposes.  2. A review of an undated should be wrap wrap or placed in a suiterfrigerated. The leftor by using a felt tip pension food and date on the was no pen 12 pound box in a reach in refrigerated with the unsealed card top and was approximated unthawed pattles. One exposed to air. A thin person of the cheese was approximated to air.	Dietary Manager (DM) on evealed she was also expiration dates on the knowledged if the expiration de dietary staff could not ere used or discarded by  Registered Dietician on revealed foods received y should contain expiration purposes.  The DM on 12/06/12 at placed a phone call to the expiration dates of container in which the d. She added expiration dates on all foods for menitoring ated facility Food Storage over food that was to be exped or covered with plastic table plastic container and ever food should be dated and writing the name of the ever food should be dated of sausage patties stored for. The box was observed board lid folded over the ately half full of the raw, a patty was uncovered and	F3	771	-VISUAL ROUNDS WERE CONBY THE DIETARY MANAGER THE SURVEY TO ENSURE TH FOOD WAS PROPERLY LABE STORED, NO FUTHER DISCREWERE NOTED.  3-WHAT MEASURES WILL BE INTO PLACE OR SYSTEMIC OF MADE TO ENSURE CORRECT  -THE DIETARY STAFF WAS INSERVICED ON 12-07-2012 BY DIETARY MANAGER.  * PROPERLY LABELING ALL WITH THE EXPIRATION AND DATES AS APPILICABLE.  * PROPER STORAGE OF OPEN  -THE DIETARY MANAGER/DI WILL COMPLETE THE QA TO DAILY WHILE IN THE FACILI ENSURE THAT ALL FOOD IS PROPERLY LABELED AND ST	DURING AT ALL LED AND EPANCIES EPUT CHANGES TON: THE FOOD OPEN N FOOD. ESIGNEE OL ITY TO	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURV COMPLETED	
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F 371	this observation. She have been placed in a when it was removed. An interview was cond (DC) on 12/03/12 at 9 removed the box of sa 11/29/12 or 11/30/12, have placed the unus container with the date written on the container state the date the unus been used by.  Further interview with PM revealed the sauss freezer on 11/30/12. Sportion of sausage she sealed container. The the date the sausage with the freezer and a second to the sausage with the freezer and a second to the sausage with the freezer and a second to the sausage with the freezer and a second to the sausage with the freezer and a second to the sausage with the freezer and a second to the sausage with the freezer and a second to the sausage with the freezer and a second to the sausage with the freezer and a second to the sausage with the freezer and a second to the sausage with the sa	(DM) was present during stated the sausage should a sealed container and dated from the freezer.  ducted with a Dietary Cook 145 AM. The DC stated she ausage from the freezer on The DC added she should be accurated and use by date for. The DC was unable to sed sausage should have the DM on 12/06/12 at 4:19 age was removed from the She stated the unused build have been placed in a container should contain was opened and removed in expiration date that was 7 ated the unused portion of	F	371	4- HOW THE FACILITY PLA MONITOR ITS PERFORMAN MAKE SURE THAT CORREC ACHIEVED AND SUSTAINE  -ALL QA MONITORING TOO BE REVIEWED AT THE DAI COMMITTEE MEETING FOR COMPLIANCE.  -ANY DISCREPANCIES OR TO WILL BE DISCUSSED ANDS REVIEWED AT THE DAILY COMMITTEE MEETING. FUT EDUCATION/INTERVENTION BE DISCUSSED AT THAT THE THE DEPARTMENT HEAD ROUNDS-WILL CONTINUE SUBSTANTIAL COMPLIANC OBTAINED. AT THAT TIME COMMITTEE WILL MEET A REVIEW THIS PROCESS AN  DECREASE TO WEEKLY THEREAFTER.  -THE DIETARY MANAGER/I IS RESPONSIBLE FOR COMF	ICE TO CTION IS D: DLS WILL LY QA R FRENDS QA RTHER ON WILL ME. QA UNTIL CE IS THE QA ND D DESIGNEE	