


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

PRINTED: 10/26/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345215	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/18/2012
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NAME OF PROVIDER OR SUPPLIER  RIVER TRACE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 260 LOVERS LANE WASHINGTON, NC 27889
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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)	(X6) COMPLETION DATE
F 000  F 371 SS=E	<p>INITIAL COMMENTS</p> <p>No deficiencies were cited as a result of the complaint investigation Event ID # U9NV11.</p> <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 observation and staff interview the facility failed to monitor dish machine gauges which resulted in seven racks of kitchenware not being sanitized by a final rinse temperature of 180 degrees Fahrenheit or higher. The facility also failed to maintain the strength of the sanitizing solution at the three-compartment sink in order to sanitize kitchenware being run through the sink system. Findings include:</p> <p>1. Between 8:47 AM and 8:52 AM on 10/17/12 seven racks of kitchenware were run through the dish machine, and the final rinse gauge did not register at least 180 degrees Fahrenheit. The final rinse temperature for the first through fourth rack was 160 degree Fahrenheit, for the fifth rack it was 166 degrees Fahrenheit, for the sixth rack it was 172 degrees Fahrenheit, and for the seventh rack it was 170 degrees Fahrenheit. The</p>	F 000  F 371	<p>River Trace acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality care of the residents. The Plan of Correction is submitted as a written allegation of compliance.</p> <p>River Trace's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, River Trace reserves the right to submit documentation to refute any of the stated deficiencies on this Statement of Deficiencies through informal dispute resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 10-31-12
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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  <b>RIVER TRACE NURSING AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>250 LOVERS LANE WASHINGTON, NC 27889</b>
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F 371	<p>Continued From page 1</p> <p>kitchenware in these racks included meal trays, pots, pans, pitchers, and utensils. Two dietary employees were operating the dish machine, but neither were monitoring the temperature gauges of the dish machine. At this time the Dietary Manager (DM) commented that a service representative examined the dish machine yesterday. After surveyor intervention, kitchenware in the first seven racks was rewashed with the final rinse temperature of the dish machine exceeding 180 degrees Fahrenheit.</p> <p>At 9:15 AM on 10/18/12 the DM stated a service representative examined the dish machine dispensing system on 10/12/12, and a service representative responsible for the dish machine itself ordered a part for the dish machine on 10/16/12. According to the DM, the staff was in-serviced about checking the temperature gauges of the dish machine periodically throughout the entire process to make sure the wash and final rinse temperatures met manufacturer's guidelines (at least 160 degrees Fahrenheit for the wash cycle and at least 180 degrees Fahrenheit for the final rinse cycle). The DM commented she forgot to remind the two staff members operating the dish machine on the morning of 10/17/12 to pay special attention to the dish machine gauges since repair work was in progress. The DM reported the dietary staff maintained a temperature log for the dish machine, and sometime during the dish machine process after each meal, they recorded the wash and final rinse temperatures.</p> <p>Review of the 10/12/12 service report documented the dish machine gauges seemed to be fluctuating with the wash gauge showing</p>	F 371	<p>Dietary staff has been re-inserviced and re-trained on the importance of monitoring dish machine gauges during wash and rinse cycles. The dish machine was repaired on 10/24/2012 to insure proper operation and maintenance of temperatures to regulated minimums. Temperatures at the hot water heaters were increased to insure that the dish machine booster will keep temps at appropriate levels. Dietary staff will record temps on the final rinse at the beginning of the wash/rinse cycle and during the wash/rinse cycle to insure maintenance of proper temperatures. The Dietary Manager or designee will monitor daily for continued compliance X 30 days. Each staff member using the 3 compartment sink will set the sink up properly for sanitation use prior to washing dishes/pots and pans. The sanitizing mixture will be tested by employee setting up sinks and results recorded X 30 days. Dietary Manager or designee and QA will monitor for continued compliance X 3 months.</p>	11-09-12
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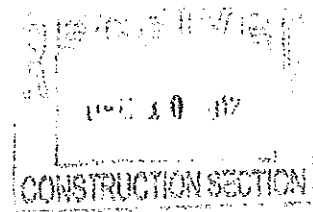
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NAME OF PROVIDER OR SUPPLIER  RIVER TRACE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 LOVERS LANE WASHINGTON, NC 27889	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL 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>temperatures ranging from 150 to 152 degrees Fahrenheit and the final rinse gauge showing temperatures ranging from 170 to 200 degrees Fahrenheit. Review of the facility's October 2012 dish machine temperature log revealed all final rinse temperatures exceeded 180 degrees Fahrenheit except during the cleaning of breakfast dishes on 10/03/12 and 10/04/12 when the final rinse temperature was documented as 160 degrees Fahrenheit.</p> <p>At 9:48 AM on 10/18/12 the two dietary aides operating the dish machine stated they were trained during in-services that the two employees operating the dish machine were always supposed to monitor the wash and final rinse gauges to make sure the wash gauge registered at least 160 degrees Fahrenheit and the final rinse gauge registered a least 180 degrees Fahrenheit. They reported if the final rinse temperature of 180 degrees Fahrenheit was not reached, then the racks of kitchenware were to be run through the dish machine again until the desired temperature was reached. They also commented that if the desired temperatures were not reached on a regular basis, they were supposed to inform the DM who could request a service representative to look at the dish machine.</p> <p>2. At 8:45 AM on 10/17/12 bowls, utensils, Robot Coupe parts, and a pan were in the sanitizing solution of the three-compartment sink. The Dietary Manager (DM) explained bleach was used in this sink system. When the DM used a strip to check the strength of the bleach-based solution, it only registered 10 parts per million (PPM) hypochlorite (bleach). The DM reported</p>	F 371		

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F 371	<p>Continued From page 3</p> <p>the sanitizing solution was not strong enough because it was supposed to register at least 50 PPM hypochlorite.</p> <p>At 9:15 AM on 10/18/12 the DM stated there had been problems with the sanitizing sink in the three-compartment sink system leaking (review of maintenance requests revealed a request for the leaking sink was completed on 06/27/12). However, the DM reported she did not think the leak, which was still not repaired, contributed to the bleach solution not being strong enough on 10/17/12. Instead, she explained the cook had drained the original sink of bleach water made earlier in the morning, and had not yet added bleach or enough bleach back to the new sanitizing sink of water. After surveyor intervention, kitchenware run through the three-compartment sink system that morning was rewashed and sanitized in a bleach solution which registered at least 50 PPM hypochlorite.</p> <p>At 9:50 AM on 10/18/12 the cook stated she made up sanitizing solution in the three compartment sink, using bleach, about three or four times during her shift in the kitchen. She reported there was supposed to be bleach in the water of the sanitizing sink if kitchenware was placed in it. She commented each time a bleach solution was made or remade, it's strength was to be tested using a strip. According to the cook, the strip was supposed to register at least 100 PPM hypochlorite.</p>	F 371			



River Trace acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provision of quality care of the residents. The Plan of Correction is submitted as a written allegation of compliance.

River Trace's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, River Trace reserves the right to submit documentation to refute any of the stated deficiencies on this Statement of Deficiencies through informal dispute resolution, formal appeal procedure and/or any other administrative or legal proceeding.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345215	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED  11/16/2012
NAME OF PROVIDER OR SUPPLIER  RIVER TRACE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 LOVERS LANE WASHINGTON, NC 27889	
(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
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  This STANDARD is not met as evidenced by: A. Based on observation on 11/16/2012 the mech. room at room 214 has voids around pipe passing through the ceiling, Mech. room at the nurses station has a PVC conduit through the ceiling that is not protected, the soiled linen room at room 108 does not close and latch, the door to the Solarium does not latch and the clean linen side of the laundry does not close and latch. 42 CFR 483.70 (a)	K 029	Holes in the ceiling of the mechanical room near room 214 and the mechanical room at the nurses station have been sealed. Doors to the soiled linen room near room 108 and the door to the Solarium have been repaired to close and latch properly. In addition, the door to the clean linen side of the laundry room has been repaired to close and latch. Similar doors throughout the building have been inspected and repaired as needed. Maintenance and QI will monitor monthly for continued compliance.	11-30-12
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 11/16/2012 the door	K 038	Exit access has been made readily accessible at all times at the door going into the smoking area by the addition of lock on/off switches on both sides of the door. Similar areas have been inspected and same installed for compliance as necessary. Maintenance and QI will monitor for continued compliance.	12-26-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE Administrator (X6) DATE 12-06-12

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K 038	Continued From page 1 going into the smoking area does not have an on/off switch on both sides of the door. 42 CFR 483.70 (a)	K 038			

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NAME OF PROVIDER OR SUPPLIER  RIVER TRACE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 LOVERS LANE WASHINGTON, NC 27889		
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K 000	INITIAL COMMENTS  A. Based on observation there were no LSC deficiencies noted.	K 000			

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