

MAR 25 2013

PRINTED: 03/18/2013
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: 345512	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2013
NAME OF PROVIDER OR SUPPLIER CYPRESS GLEN RETIREMENT COMMUN		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 HICKORY STREET GREENVILLE, NC 27868	

(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 371 483.35(i) FOOD PROCURE,
SS=E STORE/PREPARE/SERVE - SANITARY

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

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview the facility failed to prevent cross contamination during the preparation of raw fruit, failed to sustain hot foods at 135 degrees Fahrenheit or higher during the entire operation of the trayline in the auxiliary kitchen, and failed to monitor food storage areas. Findings included:

1. At 10:10 AM on 03/12/13 a dietary employee removed a cantaloupe from the walk-in refrigerator. She did not wash it beforehand, and sliced it in half, laying the halves rind-side down on the cutting board. The employee then peeled the halves, washed them under running water, and placed the peeled fruit back on the cutting board which was contaminated by the unwashed rind. She used gloved hands to chop the melon by knife, and place it in fluted dessert dishes.

At 3:15 PM on 03/12/13 the dietary management team stated melons should be washed before the peeling process began, and when the knife was used to make the first slice into the melons, the

F 371

1. Cypress Glen will prevent cross contamination during the preparation of raw fruit.

IMMEDIATE ACTION

The contaminated fruit was discarded. The employee who did not follow proper sanitary procedures for preparing cantaloupe was immediately counseled.

WIDESPREAD CORRECTIVE ACTION AND SYSTEMIC CHANGE

Dining Services management completed a performance improvement plan (PIP) to ensure correct procedures are followed to prevent cross contamination during raw fruit preparation. The Food and Beverage Manager, Assistant Manager, Executive Chef, Dining Room Manager, and two food prep staff members participated in the PIP. The team conducted a root cause analysis to identify contributory factors that led to the deficient practice and determined that insufficient training led to the deficiency. All staff members will receive in-service training on correct raw fruit preparation procedures to prevent cross contamination on April 5, 2013. The in-service will be documented on acknowledgment forms (Attachment A) and submitted to Human Resources for file in personnel records. Raw fruit preparation was added to the employee skills orientation checklist (Attachment B); all new hires will be trained in proper procedures to prevent cross contamination and training will be documented in their personnel files.

3/12/2013

4/5/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Bonnie H. Stalling, Executive Director, LNNA

3/05/13

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 CYPRESS GLEN RETIREMENT COMMUN		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 HICKORY STREET GREENVILLE, NC 27868	
(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)
F 371	<p>Continued From page 1</p> <p>knife was to be washed under running water before completing the peeling of the fruit.</p> <p>At 3:45 PM on 03/12/13 a dietary employee stated fresh fruit should be washed after it was peeled, discarding the peeling in the sink, and washed again before it was sliced completely up.</p> <p>2. At 4:48 PM on 03/11/13 beginning temperatures of hot food on the auxiliary steam table were documented as 145 degrees Fahrenheit for baked ham and 175 degrees for soup.</p> <p>At 5:15 PM on 03/11/13 trayline temperatures were taken again before the last resident tray was prepared. Using a calibrated thermometer the baked ham now registered 114 degrees Fahrenheit, and the the soup registered 124 degrees.</p> <p>At 3:15 PM on 03/12/13 the dietary management team stated prior to the morning of 03/12/13 only one set of food temperatures was recorded in the temperature log as the trayline began operation. They reported per the regulations hot foods had to be held at at least 135 degrees Fahrenheit during the entire operation of the trayline, but the facility really aimed for hot foods to remain at least 140 degrees during the entire process.</p> <p>At 3:45 PM on 03/12/13 a dietary employee stated hot foods should be kept at at least 160 - 165 degrees Fahrenheit during operation of the trayline. He reported two sets of temperatures were to be taken on the food at the trayline, the first set taken as the trayline began operation, and the other as the trayline began to cease</p>	F 371	<p>MONITORING</p> <p>The Executive Chef will observe fruit preparation three times weekly, record his findings (Attachment C), and conduct immediate counseling if improper procedures occur. Audit results will be submitted monthly to the Quality Assurance Performance Improvement (QAPI) committee for review and trend analysis. The PIP results will be submitted to the QAPI committee for review on April 8, 2013. The QAPI committee will monitor PIP progress until 100% compliance for raw fruit preparation has been achieved for three consecutive months.</p> <p>2. Cypress Glen will sustain hot foods at 135 degrees Fahrenheit or higher during the entire operation of the trayline auxiliary kitchen.</p> <p>IMMEDIATE ACTION</p> <p>The diet aide who served the hot food items below 135 degrees received immediate counseling. The ham and soup were discarded.</p> <p>WIDESPREAD CORRECTIVE ACTION AND SYSTEMIC CHANGE</p> <p>Dining Services conducted a performance improvement review to identify the root cause of improper food temperatures and develop a performance improvement plan (PIP). The Food and Beverage Manager, Assistant Food and Beverage Manager, Executive Chef, Dining Room Manager.</p>
			4/8/2013
			3/11/2013
			4/5/2013

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NAME OF PROVIDER OR SUPPLIER CYPRESS GLEN RETIREMENT COMMUN		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 HICKORY STREET GREENVILLE, NC 27858		
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F 371	<p>Continued From page 2 operation.</p> <p>3. During initial tour of the facility on 03/11/13, beginning at 10:23 AM, there was water in a portable mixer bowl, 2 of 6 bowls stacked atop one another were wet, 2 of 4 bowls stacked atop one another had dried food particles inside them, 2 rows of chocolate pie were not covered by a cover pulled over the cart in a full-length reach-in refrigerator, and 10 half-pints of milk in a reach-in refrigerator under the food preparation counters had a use-by date of 03/10/13. In the walk-in refrigerators there was no labels/dates on some partially used asparagus, a tray pan of cod/two tray pans of cheese sauce, and tray pans of taco meat and turkey were dated 03/06/13, a tray pan of haddock was dated 03/07/13, and a plastic storage bag of thawing chicken was not in a pan, and was leaking blood on boxes below. In the walk-in freezer a bag of French fries, carrots, a chicken patty, a five gallon container of ice cream, and a bag of tater tots were open to the freezer air. In another walk-in refrigerator a plastic storage bag of yellow peppers was without a label and date, and a one-gallon jug of picante sauce was dated, but the date was unreadable. In dry storage two crates of gelatin dessert mix was contaminated by loose sugary gelatin granules, and a spatula in a wall utensil holder was flush against the wall. 2 of 5 saute/omelette pans under food preparation counters were scratched, and 1 of 5 had dry food particles in it.</p> <p>During a follow-up tour of the food storage areas, beginning at 9:58 AM on 03/12/13, a gallon of teriyaki marinade and soy sauce were being stored in a dry storage cabinet, even though</p>	F 371	<p>two health care diet aides, and two cooks attended the review. The team identified several factors to be corrected: ambient temperatures of the food wells were too low; pans are too large for the food items they contain; and department procedures do not include clear directives for recording ending food temperatures. As a result of the team's investigation, the recording procedures were revised to include specific instructions for testing and recording ambient well temperatures and food temperatures at the end of service (Attachment D). Ambient well temperatures and food temperatures at the end of service were added to the food temperature logs (Attachment E). All Dining Services staff members will receive in-service training for proper food temperatures and recording procedures on April 5, 2013. The in-service will be documented with acknowledgment forms (Attachment A) and submitted to Human Resources for file in personnel records. Food temperature compliance will be in-serviced quarterly.</p> <p>MONITORING Food temperatures will be recorded when the items leave the kitchen, immediately prior to meal service and at the end of service. Ambient well temperatures will be recorded. Temperatures will be audited for compliance and results will be submitted monthly to the Quality Assurance Performance Improvement (QAPI) committee for review and trend analysis.</p>	4/8/2013

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NAME OF PROVIDER OR SUPPLIER CYPRESS GLEN RETIREMENT COMMUN		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 HICKORY STREET GREENVILLE, NC 27868		
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F 371	<p>Continued From page 3</p> <p>labeling documented the food items were to be refrigerated after opening. There were still sugary granules in the carts of gelatin dessert mix. In a walk-in refrigerator a tray pan of rice was dated 03/08/12, and an onion wrapped in plastic wrap was not labeled or dated. In the walk-in freezer two bags of opened buns were without labels and dates. 4 of 5 five-gallon containers of ice cream had ill-fitting lids which exposed the food product to freezer burn. 5 of 6 muffin pans were stacked wet on top of one another.</p> <p>At 3:15 PM on 03/12/13 the dietary management team stated at the end of each shift the chef and dietary manager walked through storage areas to make sure leftovers were not outdated, foods past their use-by dates were disposed of, and all opened food items were labeled and dated. They reported leftovers and thawing meats should be used within three days of being placed in refrigerated storage, kitchenware placed in storage should be dry and clean, thawing meats should be stored in containers with sides to prevent the spillage of blood, opened foods should not be open to the freezer air, and stored food items should be neat and without residue which might attract insects.</p> <p>At 3:45 PM on 03/12/13 a dietary employee stated cooks monitored storage areas daily to make sure opened items were labeled and dated and wrapped. He also stated the cooks were supposed to dispose of food items past their use-by dates, which included leftovers in storage more than three days.</p>	F 371	<p>The PIP results will be submitted to the QAPI committee for review on April 8, 2013. The committee will monitor PIP progress until 100% compliance for proper food temperatures has been achieved for three consecutive months.</p> <p>3. Cypress Glen will monitor food storage areas to ensure food and equipment are stored in sanitary conditions. IMMEDIATE ACTION Food and equipment storage deficiencies were corrected immediately; wet and dirty equipment were rewashed, dried and stored properly; damaged pans were discarded; and food items that were improperly wrapped, labeled, dated, thawed, stored or expired were discarded. WIDESPREAD CORRECTIVE ACTION AND SYSTEMIC CHANGE Members of the Dining Services department conducted a review of the deficiencies and developed a performance improvement plan (PIP) to prevent recurrence of unsanitary food and equipment storage. The team determined that staff members should receive more frequent training for storage procedures. All staff members will receive in-service training on April 5, 2013. The in-service will be repeated quarterly. All staff members will sign an acknowledgment (Attachment A) of the procedures, which will be kept on file in their personnel records.</p>	<p>3/12/2013</p> <p>4/5/2013</p>

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NAME OF PROVIDER OR SUPPLIER CYPRESS GLEN RETIREMENT COMMUN		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 HICKORY STREET GREENVILLE, NC 27888	
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		F 371	<p>MONITORING</p> <p>The Director of Facility Services and Compliance Manager will conduct monthly, unannounced inspections of food and equipment storage. Dining Services management will conduct and document daily inspections to ensure food storage compliance (Attachment F) and equipment compliance (Attachment G). Inspections will be audited and results will be submitted monthly to the Quality Assurance Performance Improvement (QAPI) committee for review and trend analysis. The PIP results will be submitted to the committee for review on April 8, 2013. The committee will monitor PIP progress until 100% compliance for proper food and equipment storage has been achieved for three consecutive months.</p>	4/8/2013
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345512	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____ APR 22 2013	(X3) DATE SURVEY COMPLETED 04/03/2013
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NAME OF PROVIDER OR SUPPLIER CYPRESS GLEN RETIREMENT COMMUN	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 HICKORY STREET GREENVILLE, NC 27858
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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III (211) construction, two story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K 000	K061 Cypress Glen will ensure the tamper alarm on the sprinkler riser gives an audible signal when the main valve is closed. IMMEDIATE ACTION Telecommunications tested the fire panel system to ensure an audible alarm sounded when the tamper switch was adjusted (Attachment A). Williams Fire Sprinkler Company tested the tamper switch to ensure an audible signal sounded at the fire panel (Attachment B). Both service technicians provided in-service training to the Maintenance Team Leader.	4/11/2013
K 061 SS=D	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	WIDESPREAD CORRECTIVE ACTION AND SYSTEMIC CHANGE All maintenance and security staff members will be in-serviced on the sprinkler riser tamper switch on April 24, 2013. The Maintenance department will conduct monthly testing of the tamper alarm to ensure proper operation (Attachment C). Williams Fire Sprinkler Company and Telecommunications will test the tamper switch alarm quarterly and document the findings.	4/24/2013
K 147 SS=D	This STANDARD is not met as evidenced by: A. Based on observation on 04/03/2013 the tamper alarm on the sprinkler riser failed to give an audible or a visual signal when the main valve was closed. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: A. Based on observation on 04/03/2013 the med. refrigerator at the nurses station was not plugged	K 147	MONITORING All inspections performed by Cypress Glen staff or contracted service providers will be submitted to the Director of Facility Services for review. Results of the inspections will be submitted to the Quality Assurance Performance Improvement (QAPI) committee for review and trend analysis.	5/13/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 4/19/13
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NAME OF PROVIDER OR SUPPLIER CYPRESS GLEN RETIREMENT COMMUN			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 HICKORY STREET GREENVILLE, NC 27858	
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K 147	Continued From page 1 into an emergency receptacle. 42 CFR 483.70 (a)	K 147	<p>K147 Cypress Glen will ensure all medication refrigerators are plugged in to emergency receptacles.</p> <p>IMMEDIATE ACTION Maintenance staff plugged the medication refrigerator into the emergency receptacle and ensured other medication refrigerators were plugged into emergency receptacles. Signs were posted at the refrigerators to alert staff the refrigerators must be plugged into emergency receptacles.</p> <p>WIDESPREAD CORRECTIVE ACTION AND SYSTEMIC CHANGE A check to ensure the medication refrigerator is plugged into the emergency receptacle was added to the Nursing department's medication refrigeration monthly audit tool (Attachment D) and the Maintenance department's monthly healthcare inspection (Attachment E, page 6).</p> <p>MONITORING The refrigeration monthly audit tool and the monthly healthcare inspection will be submitted to the Quality Assurance Performance Improvement (QAPI) committee for review and trend analysis.</p>	<p>4/3/2013</p> <p>5/8/2013</p> <p>5/13/2013</p>