THE 17 2018

PRINTED: 04/09/2013

FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES (X3) DATE SURVEY CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SUPPLIER/GLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING \_ AND PLAN OF CORRECTION 03/28/2013 B. WNG 345420 STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET NAME OF PROVIDER OR SUPPLIER BURLINGTON, NC 27217 ALAMANCE HEALTH CARE CENTER (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) TAG The statements included are not F 241 483.15(a) DIGNITY AND RESPECT OF 4/19/13 an admission and do not constitute agreement with the INDIVIDUALITY SS=D alleged deficiencies herein. The facility must promote care for residents in a The plan of correction is manner and in an environment that maintains or enhances each resident's dignity and respect in completed in the compliance of full recognition of his or her individuality. state and federal regulations as outlined. To remain in compliance with all federal and This REQUIREMENT is not met as evidenced state regulations the center has by: taken or will take the actions set Based on observation, record review, and interviews with residents and staff, the facility forth in the following plan of falled to provide meals within reach to maintain correction. The following plan dignity for 1 of 5 sampled residents (Resident #7) of correction constitutes the reviewed for dignity. center's allegation of compliance. All alleged Findings included: Resident #7 was admitted to the facility on deficiencies cited have been or 8/17/11 and had a diagnosis of dementia and will be completed by the dates anxlety. indicated. A nurse's note dated 2/21/13 indicated that when a staff member attempted to feed Resident #7, F 241 the resident clamped her lips together and How corrective action will be accomplished for each resident refused to eat. found to have been affected by The nurse's notes dated 2/25/13 - 3/4/13 indicated daily that the resident was a "self feeder the deficient practice - Resident # 7 was assessed on 04/11/2013 by after tray set up." the Director of Nursing for meal The resident's Minimum Data Set (MDS), dated delivery and her Intake. Resident 2/25/13, indicated the resident had a severe refused any staff assistance with cognitive impairment, did not reject care, and did eating. Resident proceeded to try not have physical, verbal, or other behavioral symptoms directed toward others. Her functional status indicated that she required limited assistance and one person physical assist with eating. She had no swallowing disorders. ETAG (8X) LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (\*) penotes a deficiency which the institution may be excused from correcting providing it is determined that other saleguards provide sufficient protection to the batterns. (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-2587(02-99) Pravious Versions Obsolete

Event IO: PH6V11

Facility ID: 932930

If continuation sheet Page 1 of 12

A BUILDING SAMP PROVIDER OR SUPPLIER  ALAMANCE HEALTH CARE CENTER  ON JID PRETAY GRANDERS OF STREET BURLINGTON, NC 27217  TAG CONTINUED FOR SUPPLIER  ALAMANCE HEALTH CARE CENTER  ON JID PRETAY GRANDERS OF STREET BURLINGTON, NC 27217  THE NUTRITION BY THE STREET BURLINGTON, NC 27217  The nutrition assessment note dated 2/26/13 included from page 1  The nutrition assessment note dated 2/26/13 included that the resident was alert, needed limited assistance with feeding, was on a regular diet, sto 75-100% of most meals, and was at low nutrition risk.  A care plan note dated 3/6/13 indicated that a meeting was held and included the Assistant will be assigned to the Nauve 1 dayroom to supervise resident # 7 with her meals.  Certified Nursing Assistants will be in-serviced by the Staff Development Coordinator regarding any behaviors, including during meals.  A review of the resident's current care plan on 3/26/13 indicated the care are a "Inability to compilete activities of deliy living (ALD.) tasks independently related to cognitive impairment" was last reviewed on 2/28/13. The goals were measureable and interventions included provide maal set up and encourage the resident to consume foods and fluids.  A review of the resident's weight indicated that she had no weight loss in the last 90 days.  On 3/26/13 at 8:25em, 3 residents were and stiff members present. Resident #7 was stifling at the end of the table. Her plate was stifling at the end of the table. Her plate was stifling at the end of the table. Her plate was stifling at the end of the table. Her plate was stifling at the end of the table. Her plate was stifling at the end of the table. Her plate was stifling at the end of the table. Her plate was stifling at the end of the table. Her plate was stifling at the end of the table. Her plate was stifling at the end of the table. Her plate was stifling at the end of the table. Her plate was stifling at the end of the table. Her plate was stifling at the end of the table. Her plate was stifling at the end of the ta			(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	CONSTRUCTION	(X3) DATE COMP	SURVEY
NAME OF PROVIDER OR SUPPLIER  ALAMANICE HEALTH CARE CENTER  PAGE  PAGE PREFIX TAG  PAGIN PREFIX TAG  PAGINATORY OR LSC INSERTANCE DESCRIPTION OF PROPERTY OF DEPOCIENCIES (EACH DESCRIPTION OF THE APPROPRIATE OF DEPOCIENCIES) (EACH DESCRIPTION OF THE APPROPRIATE OF DEPOCIENCIES) TAG  F 241  Continued From page 1  The nutrition assessment note dated 2/26/13 Indicated that the resident was alert, needed limited assistance with feeding, was on a regular diet, ato 75-100% of most meals, and was at low nutrition risk.  A care plan note dated 3/6/13 indicated that a moeting was held and included the Assistant #1, and the Distary Manager. The note stated, "No change to plan of care. Continue with current plan." There was no mention in the care plan note regarding any behaviors, including during meals.  A review of the resident's current care plan on 3/26/13 indicated the care area "Inability to complete activities of deliy living (ADL) tasks independently related to cognitive impairment" was last reviewed on 2/28/13. The goals were measurable and interventions included provide meal set up and encourage the resident to consume foods and fluids.  A review of the resident's weight indicated that she had no weight loss in the last 90 days.  On 3/26/13 at 8:25cm, 3 residents were sitting in the sunroom eating breakfast. There were no staff members present. Resident #7 was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting at the end of the table. Her plate was sitting	STATEMENT OF	F DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A, BUILO	NG_			
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PREFIX TAG  RESULATORY OR ISO IDENTIFYING INFORMATION)  F 241  Continued From page 1  The nutrition assessment note dated 2/26/13 indicated that the resident was alert, needed limited assistance with feeding, was on a regular diet, ate 75-100% of most meals, and was at tow nutrition risk.  A care plan note dated 3/8/13 indicated that a meeting was held and included the Assistant Director of Nursing, Activities Assistant #1, and the Dietary Manager. The note stated, "No change to plan of care. Continue with current plan." There was no mention in the care plan note regarding any behaviors, including during meals.  A review of the resident's current care plan on 3/26/13 indicated the care area "inability to complete activities of delity living (ADL) tasks independently related to cognitive impairment" was last reviewed on 2/26/13. The goals were measureable and interventions included provide meal set up and encourage the resident to consume foods and fluids.  A review of the resident's weight indicated that she had no weight loss in the last 90 days.  On 3/26/13 at 8.25am, 3 residents were sitting in the sunroom ealing breakfast. There were no staff members present. Resident #7 was sitting at the end of the table, Her plate was sitting in front and the care area or similar practice. All Certified or similar practice. All Certified it to play with her different foods and rinks that were in front of her. Resident #7 front of her. Resident #7 into the filter to rob and drinks that were in front of her. Resident #7 into the filter to rob and drinks that were in front of her. Resident #7 into the filter on the table part of the table. Her plate a 2/26/13 indicated that a meeting was not the matter that a delivery for the table. Her meals. Certified Nursing Assistant will be ansaged to the Mauve 1 dayroom to supervise resident #7 with the mals. Certified Nursing Assistant will be in-serviced by the Staff Development Coordinator regarding resident's dignity and meal delivery for resident #7 and any other resident #7 with	ALAMANO	E HEALTH CARE CENT	rer		1			
The nutrition assessment note dated 2/26/13 indicated that the resident was alert, needed limited assistance with feeding, was on a regular diet, ate 75-100% of most meals, and was at low nutrition risk.  A care plan note dated 3/5/13 indicated that a meeting was held and included the Assistant Director of Nursing, Activities Assistant #1, and the Ditery Manager. The note stated, "No change to plan of care. Conlinue with current plan." There was no mention in the care plan note regarding any behaviors, including during meals.  A review of the resident's current care plan on 3/26/13 indicated the care area "inability to complete activities of delity living (ADL) tasks independently related to cognitive impairment" was last reviewed on 2/26/13. The goals were measureable and interventions included provide meal set up and encourage the resident to consume foods and fluids.  A review of the resident's weight indicated that she had no weight loss in the last 90 days.  On 3/26/13 at 8.25am, 3 residents were sitting in the sunroom eating breakfast. There were no staff members present. Resident #7 was sitting at the end of the table. Her plate was sitting in front at the end of the table, her plate was sitting in front at the end of the table. Her plate was sitting in front at the end of the table, her plate was sitting in front at the end of the table. Her plate was sitting in front at the end of the table, her plate was sitting in front at the end of the table. Her plate was sitting in front at the end of the table, her plate was sitting in front at the end of the table. Her plate was sitting in front at the end of the table, her plate was sitting in front at the end of the table. Her plate was sitting in front at the end of the table, her plate was sitting in front at the end of the table. Her plate was sitting in front at the end of the table, her plate was sitting in front at the end of the table. Her plate was sitting in front at the end of the table. Her plate was sitting in front at the end of the table. Her pl	PREFIX	AND DEEP PORT OF THE PART O	*V MIRT OF PRECEUEU OT TYU-	PREF	×ίΧ	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	Mro BE	
fork. The resident was observed independently eating, but there were no fluids in front of her. She reached over, picked up the cup belonging to the resident sitting to her left and drank water		The nutrition assess indicated that the re limited assistance widlet, ate 75-100% on utrition risk.  A care plan note da meeting was held a Director of Nursing, the Dietary Manage change to plan of cipian." There was mote regarding any meals.  A review of the resistance will be surrous at the surrous at the sunrous eating the sunrous eating the sunrous eating the residence of the table of the rand contain fork. The residence eating, but there was the residence of the residence and the sunrous eating that the end of the table of the residence eating, but there was the residence of the residence	ment note dated 2/26/13 sident was alert, needed ifth feeding, was on a regular f most meals, and was at low  ted 3/5/13 indicated that a nd included the Assistant Activities Assistant #1, and or. The note stated, "No are. Continue with current to mention in the care plan behaviors, including during  ident's current care plan on the care area "Inability to of daily living (ADL) tasks ted to cognitive impairment" on 2/26/13. The goals were interventions included provide incourage the resident to diffulds.  sident's weight indicated that t loss in the last 90 days.  5am, 3 residents were sitting in the behaviors in the last 90 days.  5am, 3 resident #7 was sitting at le. Her plate was sitting in the partially eaten food and a t was observed independently were no fluids in front of her. Toricked up the cup belonging to		: 24	and drinks that were in from her. Resident attempted stimes to pour her liquid dreither onto the table or in food items. A Certified Nu Assistant will be assigned Mauve 1 dayroom to superesident # 7 with her mea Certified Nursing Assistant in-serviced by the Staff Development Coordinato regarding resident's dignificant delivery for resident any other resident requirassistance. This in-service was completed on 04/17.  How corrective action accomplished for those residents having the particle of the staff currently in her assessed for required delivery method other residents have the sidents have	ent of several sinks to her arsing to the ervise ls. Its will be retraining /2013.  I will be retraining /2013.  I will be retraining /2013.	4/19/13
			e drank without any difficulty, did			E-ellbrio: 932930	If continuation	n sheel Page

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

ATEMENT O	POEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE S COMPL	ETEO
O PLAN OF	CORRECTION	345420	B, WNG			03/2	: 28/2013
			ID PREF TAC	11 B	EET AOORESS, CITY, STATE, ZIP CODE 987 HILTON STREET BURLINGTON, NC 27217  PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DC .	(X5) COMPLETION DATE
F 241	not spill the fluid, and Her tray was observed rawers at the side of feet from the resident meal card, full cup of unopened chocolate. The card indicated of coffee, julce, and On 3/26/13 at 8:362 room. When asked residents in the sur stated, "There are bring in here. We jup their trays and of We do a lot of encoresidents in the root of the sun in heat." The NA went chest of drawers, stated to the resident's tray, "She sat be assist further with the resident's tray of drawers the NA make a mess so give her a little at removed the resident to her lest able in front of Figure 1.	d did not pour it into her plate. red on top of the chest of of the room, approximately 8 nt. It contained the resident's of coffee, full cup of water, e milk, spoon, and napkin. a regular diet with beverages I chocolate milk.  am Nurse #1 entered the sun about the assistance that the proprince back to check on them. buraging." She indicated the 3 om usually eat together.  Dam Nurse #1 called Nursing from the hallway, to assist resident complained to the NA er eyes. The NA stated, "Let's not to the resident's tray on the got her milk, opened it, and lent, "Here, I can't find no eside the resident but did not in her meai. When asked why with her fluids was on the chest A stated, "Sometimes she will we put her tray over there and ca time." At 8:44 am the NA dent's plate, placed in on the tray room, left the water that the n drinking, that belonged to the left, and the chocolate milk on the Resident #7.		241	Nursing Assistants were inserviced regarding resident' dignity and meal delivery but Unit Manager and Staff Development Coordinator completed on 04/17/2013. new Certified Nursing Assistives will be trained during hire orientation regarding resident's dignity and meadelivery by the Staff Development Coordinator 10% audit will be completensure no other resident rethis meal delivery method weekly for four weeks that monthly for two months. Results of the audits will weekly Quality Assurance Meetings for four weeks also to the next quarterly Assurance Meeting.	y the o be All istant new  A ced to ecceives n go to e/Risk and	4/19/13
1	On 3/26/13 at 8:	50am the Director of Nursing					n sheet Page

STATEMENT C	S FOR MEDICARE & OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A. BUILO		ONSTRUCTION	(X3) OATE SUF	
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F 241	(DON) was interview dining in the sunroot assisted dining", and placed in there if the stimulating environm may need some assisted all residents shiplaced in front of the Sitting at the table. I bowl of food and he front of her. Her trachocolate milk, and chest of drawers at approximately 8 fee.  On 3/27/13 at 12:30 observed sitting in 6 other residents. Sitting in 6 other residents, shiplace at the table i resident's tray was along the side wall from the resident, water, unopened ople, utensils, 2 county and not been eate. There was one nutenother resident was not her that was not her that was not her that was not her resident as straw.	yed and indicated that the m was "not necessarily if that the residents were by are not able to tolerate the ment of the main dining and sistance. She further stated bould have their food and fluids		241	Measures to be put in place systemic changes made to ensure practice will not re-occur – All Certified Nur Assistants were in-serviced regarding resident's dignity meal delivery by the Unit Manager and Staff Develop Coordinator to be completed 04/17/2013. All new Certification Assistant hires will trained during new hire orientation regarding resided dignity and meal delivery by Staff Development Coordin A 10% audit will be completed ensure no other resident receives this meal delivery method weekly for four we than monthly for two months Results of the audits will go weekly Quality Assurance/	and ment l on led be nt's y the ator. eted eks hs.	4/19/13

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			COMPLETEO		
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F 241	without difficulty, pict and putting it down vout. There was no foresident, under or be 12:49pm the nurse gobutter beans from he A spoon was placed ate independently as shook her carton of gone." The nurse gother cup of tea. The cup of tea with a strawith her food.  On 3/27/13 at 1:16p Nursing (ADON) wareason why the residency, including fluids stated, "No, there is indicated that she was to why this is beithe ADON indicated documentation and very agitated if som prefers to do it hers.  A progress note by 2:44pm stated, "Remeal time. Staff givitem at a time other and pour liquids inteat anything. Residently assist with feeding mouth shut and/or adequate intake ar or any signs or syncontinus to monitor.	king up the carton, drinking, vithout spilling or pouring it bod or fluid observed on the seide her wheelchair. At gave the resident a bowl of er tray at the side of the room. In the bowl and the resident and without difficulty. She wanilla shake and stated "it is of up and gave the resident resident drank her open-top aw and did not spill it or mix it is interviewed regarding a dent would have her meal a kept out of her reach. She is no reason." The ADON would try to find documentation and done by staff. At 2:20pm If that she was unable to find stated the resident "does get seone tries to feed her. She	12-	241	Meetings for four weeks and also to the next quarterly Quarterly Quarterly Quarterly Quarterly will monitor corrective action(s) to ensure deficient practice will not roccur - A 10% audit will be completed to ensure no other resident receives this meal delivery method weekly for two months. Results of the audit will go to weekly Quality Assurance/Risk Meetings for four weeks and also to the nequarterly Quality Assurance Meeting.	re e- four s	4/19/13	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IOENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE ST COMPLE				
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F 241	The resident's care probability to complete related to cognitive is 3/27/13 by the DON one food and/or drin resident will take liquother food and on ta food/drinks."  On 3/28/13 at 8:28at in the sunroom with other residents had them and their meals Resident #7 was sitt food or fluids in front was on a buffet at thapproximately 8 feet contained a bowl of bowl of partially eate chocolate milk, uncofull, and a cup that wassisting another resident #7 the cup on the buffet. The reand put the cup on a 8:38am the NA took apples and placed it resident began eatir.  An Interview was co 3/28/13 at 8:55am, resident's food and reach, she indicated resident will mix her resident will mix her	n bowls as requested."  plan with the problem area of ADL tasks independently impairment was updated on and stated, "Give resident is item at a time off of tray-plid items and pour them over ble. Resident will play in the resident was observed 3 other residents. The 3 their meal trays in front of its were partially eaten. Ing in her wheelchair with no it of her. The resident's tray	F	241			4/19/13

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE S	
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F 241 F 465 SS=E	what It is. I want the weight or get dehydra that she did not have resident mixing her for 483.70(h) SAFE/FUNCTIONAL E ENVIRON The facility must prov	resident to eat and not lose lated." She also Indicated documentation of the lood and fluids.  //SANITARY/COMFORTABL  ride a safe, functional, lable environment for		241 465			4/19/13
	This REQUIREMENT by: Based on observation Interviews the facility maintain the kitchen's (dishwashing machin filter); 2) ensure the k was free and clear of appropriately; and 3) and ceilings were key The findings include:  1. On 03/25/2013 at the facility's kitchen of with staff member # The dishwasher obser pressure booster pur under the dishwashe booster pump's meta rusted through expos it. The top also was previous repair where repair, using an auto appeared to have se	r is not met as evidenced ons, record reviews and staff falled to: 1) appropriately se essential equipment se and condensation hood ditchen's dishwashing drain debris and draining water ensure the kitchen's floor pt clean in 1 of 1 kitchen.  12:00 a.m. an observation of dishwashing area was made 1, the food service associate.			F 465 How corrective action waccomplished for each refound to have been affect the deficient practice—T dishwasher high pressure booster pump was repaire using a new cover on Mar 2013. The dishwasher verifler was removed and cleon March 25, 2013. A replacement vent filter wainstalled on March 27, 20 The dishwasher drain area	esident ted by The d rch 25, nt eaned	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1 ' '	TIPLE CONSTRUCTION (X3) DATE SUI COMPLET		
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F 465	water marks on the mals washer had splate allowed to settle and maln pump motor was dishwasher. There was wires lying loose acroand wires appeared to corrosive looking subwhere wires were rubmember #1 indicated the boost pump cove exposing the booster soap dispenser contracross the washers of the rust and white concepts was the dishwasher which floor, the dishwasher prewash area and cleares. The filter screen substance imbedded screen appeared to be at the left edge as it wholder. Staff members screen filter out of the observation. The screen that it would not combroken edges of the street was sitting indicated she had respirate was sitting indicated she had respirate and been repirate and been repirate and been repirate and been repirate and some condensation filter scobservation was condensation was condensat	rusted through areas had netal indicating water from shed onto metal and was rust. The dishwasher's sobserved directly under rere soap dispenser control loss the motor. The motor of be rusting and had a white stance 6" long on them shing the motor. Staff she was unaware how long the had been rusted through pump/wiring or how long the oil wires had been lying main pump motor causing the condensation hood above in was dripping water onto the booster pump metal top, the sean dish/post wash drain en was observed to be added and had a black on and in the screens. The see broken and coming apart was outside the bracket in #1 attempted to take the se holder for closer een was broken to the point se out of the holder as the screen would catch the silde	F 465	cleaned and free from debris March 25, 2015. The kitche ceiling and floors, walls, and ceilings were free of debris March 25, 2013.  How corrective action will accomplished for those residents having the potent to be affected by the same deficient practice — All die staff members were inservice by the Dietary Manager on March 29, 2013 regarding to kitchen cleaning schedule a maintenance work order procedures. The dietary department has implemented dietary department cleaning schedule that is audited three times per week by a dietary supervisor. Dietary equipment will be monitored for all potential maintenance servineeds a minimum of three weekly by a dietary supervisor.	en 4/19/13 d on l be etial etary ced he nd deta dee nent ice times	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345420	B. WNG	_			C
NAME OF PE	ROVIOER OR SUPPLIER	340420	D. 11110		EET AOORESS, CITY, STATE, ZIP CODE	1 03/	28/2013
ALAMAN	CE HEALTH CARE CENT	ER		18	DB7 HILTON STREET URLINGTON, NC 27217		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCEO TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 465	layer was observed to black substance built Staff member #1 India no one had ever subr for any of the items of repair/replacement order sheets for the items of repair/replacement order sheets for the items of the sheets for the items of the dietary manager how long the dishwas cover had been ruste of the soap dispensed dishwasher's main puand white corrosive k wires and motor. The indicated she was un hood filter screen was black substance on items of the dishwasher's brusted through for some pair, and needing to unaware of the soap across the dishwasher ust line and a white on the motor and wire director was asked to identified items needing maintenance director out a repair sheet and then fix and/or order broken items. The menter sheets and thems.	chave rust, grease, and a up on the wire mesh/filer. Cated that to her knowledge nilted any work order sheets beserved and found in need and she would put in work ems.  O p.m. an interview was cility's dietary manager. Indicated she did not know ther's boost pump metal di through and was unaware wires lying across the emp were causing a rust line poking substance on the edicary manager also aware the condensation is broken and had rust and a corrosive looking a previous to be replaced but was control dispenser wires lying art's main motor causing a corrosive looking substance	F	465	Measures to be put in place of systemic changes made to ensure practice will not re-occur – The Dietary supervisory staff will monitor the dietary department for any equipment in need of repair a minimum of three times week. The supervisory staff, along with other staff members, will submit work orders as needed maintain the equipment in a stand working condition. Audit will be conducted by the dieta supervisory staff and work orders will be submitted as needed. The dietary audits who conducted to review both cleaning and equipment repain needs.  How facility will monitor corrective action(s) to ensure deficient practice will not recovered weekly at the Risk meeting and as a part of the quarterly Quality Assessmen meeting.	y ly. to afe ts try	4/19/13

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE COMP	SURVEY
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		345420	B. WNG			03/	28/2013
	OVIDER OR SUPPLIER DE HEALTH CARE CENT	ER		1	REET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 465	sheets for any Items replacement in the far The maintenance dire work order sheets for repair/replacement in wall areas.  2) On 03/25/2013 at of the facility's kitcher made with staff membassociate. The dishwasher and had standing Under the dishwasher washer drain areas was an accumulation debris, and standing the dishwasher. There plastic cup that was o marks on them to Indithe drain by the wall free member # 1 could not garbage, trash, food of had been lying on the area.  On 03/25/2013 at 1:11 conducted with the far The dietary manager how long the garbage standing water had best or repair to the dietary manager standing water had best or repair to the dietary manager standing water had best or repair to the far the dietary manager standing water had best or repair to the far the dietary manager how long the garbage standing water had best or repair to the far the dietary manager how long the garbage standing water had best or repair to the far the dietary manager had best or repair to the far the dietary manager had best or repair to the far the far the dietary manager had best or repair to the far	needing repair and/or cility's kitchen for review. Ector indicated he had no anything in need of the kitchen except the wet 12:00 a.m. an observation of dishwashing area was per # 1, the food service washer room floor appeared water along the walls. If the garbage disposal and ere observed. Observed of garbage, trash, food water along the wall behind the was torn up paper and a observed to have water line cate they had been lying on or some time. Staff it state how long the debris, and standing water a drain and the surrounding to p.m. an interview was cility's dietary manager, indicated she did not know of trash, food debris, and standing water indicated she did not know of trash, food debris, and sen lying on the	F	465			4/19/13
	conducted with the fa The maintenance dire of the standing water area but was unaware	7 p.m. an interview was cility's maintenance director. ector indicated he was aware in the kitchen's dishwasher a of the garbage, trash, and ain and the surrounding					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		E SURVEY PLETED	
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111115 07 0		348420	B. WING			03	/28/2013	
	ROVIDER OR SUPPLIER CE HEALTH CARE CENT	ER		1	REET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET BURLINGTON, NC 27217			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 465	area. The maintenan knew the water was s behind the dishwashed director was asked to Identified items needli maintenance director out a repair sheet and then fix and/or order proken items. The masked if he could provisheets for any items replacement in the fact The maintenance director work order sheets for repair/replacement in wall areas.  3) On 03/25/2013 at of the facility's kitchen made with staff membabove the dishwasher a wall mounted fan ne observed to have a bit the ceiling from wall ceiling from wall ceiling had been clear the dishwasher room/of the was standing with room which appear through the walls. The tiles around the dishwasher have a black substance between the floor tiles	ce director Indicated he also eeping though the wall or. The maintenance explain how facility staffing repair/replacement. The Indicated the staff would fill out the Indicated the staff would fill out the Indicated the staff would fill out the Indicated the staff would parts and repair/replace the staff and repair replace the staff and repair repair staff and repair and/or chillity's kitchen for review. Coor indicated he had no anything in need of the kitchen except the wet staff and above at to the dishwashing area was ser # 1. The white ceiling operation of the wall comer across of the wall. Staff member of the wall comer across of the wall. Staff member of the Indicated he last time the last time the last time the last observed, after on the floor and tiles in larea were also observed, after on the floor throughout ared to go under and/or a grout between the floor asher and several other or room were observed to be growing on the tan grout. Staff member #1 poured	F	465			4/19/13	
	tiles around the dishwarea of the dishwashe have a black substant between the floor tiles	asher and several other r room were observed to the growing on the tan grout Staff member #1 poured the grout areas observed						

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILC		CONSTRUCTION		(X3) DATE	O. 0938-039   E SURVEY PLETED
		345420	B. WNG					C
:	ROVIDER OR SUPPLIER CE HEALTH CARE CENT	ER		198	ET ADDRESS, CITY, STATE, ZIP CODE 37 HILTON STREET PRLINGTON, NC 27217	!		/28/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE		(X5) COMPLETION DATE
	bleach immediately disubstance. Staff mer were pressure washe be done next month (  On 03/25/2013 at 1:10 conducted with the far The dietary manager aware of the black suit ceiling in the dishwash between the floor tiles.  On 03/25/2013 at 2:57 conducted with the far The maintenance dire of the standing water area but was unaware food debris on the dra area. The maintenance knew the water was subhind the dishwashe director was asked to identified items needing maintenance director out a repair sheet and then fix and/or order p broken items. The masked if he could provisheets for any items in replacement in the fact The maintenance director work order sheets for any order sheets for any items in replacement in the fact The maintenance director work order sheets for any order sheet sheet and order sheets for any order sheet sheet and order sheet sheet and o	issolved the black inber #1 Indicated the floors id twice yearly and were to April 2013).  D.p.m. an Interview was cility's dietary manager. indicated she was not betance growing on the her room or on the grout is.  T.p.m. an interview was cility's maintenance director. ctor indicated he was aware in the kitchen's dishwasher of the garbage, trash, and in and the surrounding ce director indicated he also deping though the wall if. The maintenance explain how facility staff ag repair/replacement. The indicated the staff would fill turn it into him. He would arts and repair/replace the intenance director was ide any maintenance repair eeding repair and/or illity's kitchen for review. ctor indicated he had no	F	465				4/19/13