

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

DEC 11 2013

PRINTED: 11/26/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2013
NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE/RAMSEUR			STREET ADDRESS, CITY, STATE, ZIP CODE 7166 JORDON ROAD RAMSEUR, NC 27316	
(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 000	INITIAL COMMENTS	F 000		
F 371 SS=E	<p>Amended 2567 10/29/2013. Scope and severity change on F314 from G to D. 11/25/13 IDR meeting resulted in deletion of F 314.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to keep hot food at or above 135 degrees Fahrenheit during the operation of the tray line, failed to dry newly washed plastic drinking glasses in a sanitary fashion and failed to monitor frozen food.</p> <p>Findings include:</p> <p>1) On 9/25/2013 at 4:55PM a calibrated facility thermometer was used to check the temperature of the hot foods on the steam table. The chicken tenders registered 140 degrees Fahrenheit, the collard greens registered 176 degrees Fahrenheit, the mashed potatoes registered 164 degrees Fahrenheit, the pureed chicken registered 155.5 degrees Fahrenheit, the ground chicken registered 185 degrees Fahrenheit and</p>	F 371	<p>F371</p> <p>The following was accomplished for the residents found to have been affected by the practice:</p> <p>No residents were found to be affected by the practice.</p> <p>The glasses were immediately rewashed and air dried properly.</p> <p>The chicken tenders which were of proper temperature at the start of the food service but failed to meet proper temperature half way through the service were immediately discarded and another protein was substituted.</p> <p>The cellophane bag inside the frozen box was dated and labeled. The box of frozen vegetables did have an open date and a discard date on the outside.</p> <p>The following was accomplished for those residents having the potential to be affected by the practice:</p> <p>All dietary staff was in-serviced on 10-10-13 by the FSD on proper drying of glassware, with emphasis on the need to air dry and not stack.</p>	10-28-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Christine Plavers

Administrator

10-2-2013

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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F 371	<p>Continued From page 1</p> <p>the chicken noodle soup registered 175.5 degrees Fahrenheit. The temperatures were checked until the thermometer stopped and another 15 seconds was allotted for any further increase in temperature. Temperatures were taken by the Dietary Manager (DM).</p> <p>The tray line began operation at 5:00PM on 9/25/2013.</p> <p>On the same date 9/25/2013 at 5:30PM a calibrated facility thermometer was used to recheck the temperature of the hot foods on the steam table. All foods registered at a safe temperature above 135 degrees Fahrenheit except for the chicken tenders which registered 128 degrees Fahrenheit and were at the far right side of the steam table. Once the thermometer stopped at 128 degree Fahrenheit another 20 seconds was given to measure the temperature to ensure adequate time was given to measure to temperature. Temperatures were taken by the DM. After the DM was notified of the low temperatures of the chicken tenders they were removed from the steam table and not served to the residents; another hot meat was provided to the resident 's.</p> <p>On 9/26/2013, 9:00AM a staff interview was conducted with the DM and the facility Administrator. The DM reported that the hot food temperatures should range from 135 degrees Fahrenheit and above. DM indicated that all staff have been trained and in- serviced regarding maintaining hot food temperatures on steam table above 135 degree Fahrenheit.</p> <p>2) On 9/25/2013 at 4:45PM observation and tour was completed in the kitchen area. Twenty newly</p>	F 371	<p>The dietary staff was immediately made aware of the failure to label and date the frozen food packaging by the FSD. A formal in-service was held for all dietary staff on 10-10-13 by the FSD which included the requirements for labeling and dating even the inside packaging of frozen food.</p> <p>All dietary staff was in-serviced on 10-10-13 by the FSD on the requirement to maintain proper holding temperature throughout the meal service.</p> <p>The following measures and systemic changes were made to ensure that the practice does not occur.</p> <p>Notifications/signs will be posted in the dish drying area as a constant reminder to dietary staff to air dry and not stack glasses. FSD or designee will observe daily to ensure compliance.</p> <p>The FSD or designee will continue to monitor for the labeling and dating of frozen foods inside a box , 3 times weekly even if the box has an open date and a discard date. A monitoring form is in place to record findings.</p>	10-28-13	

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F 371	<p>Continued From page 2</p> <p>washed plastic drinking glasses were noted to be drying stacked with ten of them drying on a solid plastic tray and the other ten stacked on top of the bottom layer of glasses on top of a metal counter; moisture was noted inside all of the glasses. When brought to the DM ' s attention, the DM replied that the glasses shouldn ' t have been stacked to dry in that manner and that they (the glasses) would have to be re-washed. The DM also notified all of the kitchen staff that drying glasses in this manner was inappropriate and should not be done.</p> <p>On 9/26/2013, 9:00AM a staff interview was conducted with the DM and the facility Administrator. The DM indicated that the dishes (glasses) are supposed to be air dried unstacked and placed at the end of the dishwasher until they are dried and not placed on a counter. DM reported that " I don ' t know what happened with the drying of the glasses, but the staff should have placed them in a single layer for drying when they are wet. " The DM indicated that all staff have been trained and in- serviced regarding; cleaning and drying of glasses, all cookware and utensils and any item that is used in kitchen service.</p> <p>3) On 9/23/2013 at 9:20AM an observation and tour was completed with the DM. A walk through of the kitchen and freezer revealed a bag of okra in the freezer that had been taken out of the original box, opened and replaced into the box. The bag of okra was not dated and there was noted to be ice crystals on the vegetables in the bag. On 9/25/2013 an observation and tour of the kitchen area was completed with the DM available. Tour of the kitchen revealed in the freezer a bag of " veggie sticks " in a plastic bag</p>	F 371	<p>The cook will check and record temperatures of foods halfway through the food service as well as continuing to take and record food temperatures at the beginning of food service. Foods not maintaining safe temperatures will, of course, be discarded. A temperature recording form is in place. This is now part of our routine QA system in the Dietary Department.</p> <p>The following monitoring initiative has been put in place to ensure that the correction is achieved and sustained and the corrective action is evaluated for its effectiveness.</p> <p>The FSD or designee will actively observe and document the use of the proper drying technique 5 times weekly at different times for 4 weeks.</p> <p>At one meal 5 times a week, the FSD or designee will also take food temperatures halfway through the food service to ensure the accuracy of the temperature and to ensure that food holding temperatures remain within safe parameters.</p> <p>The FSD or designee will monitor for and record the labeling and dating of inner wrappings of frozen food, 5 times weekly for 4 weeks.</p>	10-28-13	

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F 371	Continued From page 3 that had been removed from the original box, opened and replaced unlabeled or dated. The DM when notified of the findings indicated that the items when opened should have a date on them to monitor for safety and to prevent freezer burns. The DM also notified the staff in the kitchen of the need to date and label all food items once they have been opened. On 9/26/2013, 9:00AM a staff interview was conducted with the DM and the facility Administrator. The DM also indicated that " the staff are to label and date all food that is opened. ". The DM indicated that all staff have been trained and in- serviced regarding labeling and dating foods that been opened.	F 371	Results of the audits will be presented to the QA Committee and integrated into the QA program. Revisions to the POC, based on the audits or changes to the audits will occur as deemed necessary by the QA Committee.		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature	F 431	F431 The following corrective action was accomplished for the resident found to have been affected by the practice: The medication was removed from the cart and sent to the pharmacy for destruction on 9-26-13 by the DON. A replacement bottle of the medication was obtained from pharmacy by the DON. Based on a seven day observation period, the resident had no negative outcome as a result of the medication storage. The following measures were put in place and systemic changes made to ensure that the deficient practice will not occur:	10-28-13	

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F 431	<p>Continued From page 4 controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to correctly store medication for one of four medication carts.</p> <p>The findings include:</p> <p>On 9/26/13 at 1:40PM the manufacturer ' s specifications were noted to be attached to the bottle and indicated the liquid gabapentin was to be stored in the refrigerator. The label read " Store refrigerated, 2 degrees - 8 degrees C (36 degrees - 46 degrees F). "</p> <p>An observation of the 200 Hall medication cart was made on 9/25/13 at 5:45PM. The 200 hall medication cart was not in use and was located in the medication storage room for the 100,200 and 300 hall. One opened bottle of liquid gabapentin 250mg/5ml was observed in the drawer of liquid medications. The bottle was observed to be at room temperature. The fill date was 9/5/13 and the expiration date was 09/2014. The bottle</p>	F 431	<p>All licensed nurses were in-serviced by the DON or ADON 10-8-13 regarding the storage of liquid Neurontin and the pharmacy policy for medication storage.</p> <p>This in-service was mandatory and signatures were required. Newly hired licensed staff will be alerted to this requirement. Medication that contains the "Refrigerate" sticker from pharmacy must be placed in the refrigerator in the medication room by the licensed nurse who receives the medication from the pharmacy.</p> <p>During the current routine monthly medication cart checks, any medications in liquid form will be assessed by the DON or designee for proper storage.</p> <p>The following monitoring initiative was put in place to ensure that the correction is achieved, sustained, implemented and evaluated for its effectiveness.</p> <p>One time per week for 8 weeks the DON or designee will audit all medication carts to ensure that liquid medications are stored correctly.</p>	10-28-13	

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F 431	<p>Continued From page 5</p> <p>originally contained 470 ml of liquid gabapentin and was observed to contain approximately 118 ml at the time of the observation. The bottle was observed to be labeled by the pharmacy which read " Refrigerate " . The label was green.</p> <p>An interview was conducted with Nurse #1 on 9/25/13 at 5:45PM. The nurse stated " I usually see a label that states refrigerate until opened. "</p> <p>An interview was conducted with the DON (Director of Nursing) on 9/26/13 at 1:06PM. The DON stated " Neurontin (brand name for gabapentin) is to be stored in the refrigerator until opened and then kept on the cart. " The DON further indicated the facility policy regarding the storage of liquid gabapentin stated it is to be kept in the refrigerator until opened and then kept on the cart, stored at room temperature.</p>	F 431	<p>The results of this audit will be integrated into the QA system and the results reported to the QA committee. The POC will be revised and the audit continued as deemed necessary by the QA Committee.</p>		