STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345245	(X2) MULTIPLE CONSTRUCTION A. BUILDING_____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2014

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PENDER MEMORIAL HOSP SNF	507 FREMONT STREET, BURGAW, NC 28425

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F 157 SS=D	INITIAL COMMENTS A facility must immediately inform the resident: Consult with resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12 (a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there a change in room or roommate assignment as specified in §483.15 (e) (2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by; Based on record review, family and staff interviews the facility failed to notify the primary emergency contact of a change in condition and subsequent transfer to the hospital for 1 of 1 sampled resident (Resident #66) reviewed for change in condition.	F157	CORRECTIVE ACTION ACCOMPLISHED FOR THOSE REDISENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTIVE BY: The legal representative of Resident # 66 was not notified of change in status and transfer from the facility. Attending Physician notified 4/11/2014 of change in resident status and transfer to emergency department. CORRECTIVE ACTION ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTIVE: Review current policy for residents have a change in condition on the Skilled Nursing Unit. 100 % of current resident's medical records were audited on 6/3/2014 to ensure no other residents were affected by the same deficient practice. MEASURES/SYSTEMIC CHANGES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR; All nursing staff will be education by 6/06/2014 on policy and process for change in resident status. Process changes for Skilled Nursing Unit to include defined documents that will be copied to send with resident when emergency evaluation are required. **(See attachment A**-Process change: records to accompany resident when transferred to the ED)	04/11/2014 06/04/2014

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Ruth A. Blake	President	6-5-14

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	Continued From page 1 The findings included: Resident # 66 was admitted to the facility on 4/7/2014 with diagnosis including Diabetes, Chronic Anemia, Neuropathy and Congestive Heart Failure. Review of the medical record documented on the morning of 4/11/2014 Resident # 66 suffered a Cardiopulmonary Arrest. Resident # 66 was transferred from the hospital based long term care floor to the emergency department located within the hospital. He was unresponsive, yet stabilized and transferred to another hospital. The medical record did not document that the primary emergency contact had been notified. Review of the Swing Bed/Skilled Nursing Facility Emergency Contact/release of Information record dated 4/7/2014identified Resident # 66's spouse as the primary emergency contact. Review of the Nursing Note dated 4/11/2014 documented a family member came to the long term care desk at 11:30 AM to visit. The family member was taken downstairs to the emergency department. This was not the primary emergency contact who visited. During an interview with the Director of Nursing (DON) on 5/20/2014 at 1:35 PM she stated when the Resident # 66 was taken to the emergency department (ED), it was policy that the medical record go down with the resident. The DON realized that the family may not have been notified and planned to go to the emergency department and ask for the emergency contact phone number. However, she was told at the long term care desk that a family member had come to visit and the		PLANS TO MONITOR PERFORMANCE TO MAKE SURE SOLUTIONS ARE SUSTAINED; Skilled Nursing will monitor a random sample of five medical records per week, starting 6/6/2014, for one (1) month and monthly for six (6) months to ensure that correction is achieved and sustained for the following: confirmation that all changes in resident status are reported to the resident's Physician, resident and the resident's legal representative or an interested family member. **(See attachment B**-Change in status audit tool) Changes in resident status will be included in the SNF weekly QA review to begin 6/6/2014. **(See attachment C**-Assessment/Assurance Committee Form) END F157	

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	Family member was taken down to the emergency department. During an interview with the primary emergency contact of Resident # 66 on 5/20/2014 at 5:50 PM she stated that she never received a telephone call from the facility or the hospital. She stated she learned of her husband's medical condition on the evening on 4/11/2014 second hand. She state4d she would have expected the facility to call her with the change of condition since she was the primary emergency contact. During a follow up interview o 5/21/2014 at 11:48 AM the DON stated she made an incorrect assumption that the visiting family member would have told the primary emergency contact of the situation. She stated the primary emergency contact should have been notified immediately of any change in condition.			
F 371 SS=E	483.35 (i) FOOD PROCURE,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	F 371	CORRECTIVE ACTION ACCOMPLISHED FOR THOSE REDISENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTIVE BY: Education provided to all kitchen staff on proper handling of food, storage, documentation of date and time food opened. **(See attachment D-Education)**	05/20/2014

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	Continued from page 3 This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and interview with the Consulting Dietician the facility failed to ensure kitchen staff wash their hands after handling a dirty rack of dishes prior to handling a rack of clean dishes resulting in possible cross contamination between the dirty and clean dishes. The facility also failed to secure, label and date opened food items in one (1) of one (1) dry storage area and for two(2) of three (3) refrigerators and four (4) of four (4) freezers in the kitchen. The findings included: During the initial tour of the kitchen on 5/19/14 at 9:30 AM, Dietary Aide # 1 was observed operating the dish machine. The dietary aide was observed to push a rack of dirty dishes into the right side of the hot water temperature dish machine with her hands. The dietary aide was then observed to remove the clean rack of dishes from the left side of the machine without washing her hands. The Certified Dietary Manager (CDM) stated in an interview on 5/20/2014 at 3:00 PM that one of the other girls was supposed to be helping Dietary Aide #1 with the dish machine but got tied up with something and Dietary Aide #1 started without her. The CDM stated the dietary aide know that two(2) people were supposed to operate the dish machine with one person working the dirty dishes and one person working the clean dishes reducing the possibility of cross contamination between the clean and dirty dishes.		CORRECTIVE ACTION ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTIVE: Policy developed to define Machine Ware Washing-High Temperature process. Education provided to kitchen staff Machine Ware washing-High Temperature. **(See attachment E-**Policy/Education Signature List) **See Attachment F-** Education Plan) Education to kitchen staff on food storage, to include proper storage, sealing food products, documentation of date and time of items after opening. MEASURES/SYSTEMIC CHANGES PUT IN PLACE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR; Policy developed to define Machine Ware Washing-High Temperature process. Education provided to kitchen staff Machine Ware Washing-High Temperature. Education to kitchen staff on food storage, to include proper storage, sealing foord products, documentation of date and time of items after opening.	05/20/2014 05/20/2014

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	Continued from page 4 Dietary Aide # 1 stated in an interview on 5/20/2014 at 3:15 PM that on the morning of 5/19/2014 she did not wash her hand between pushing the dirty rack of dishes into the dish machine and pulling out the clean rack of dishes from the dish machine. The Dietary Aide stated there was supposed to be two (2) people operating the dish machine but sometimes the other person could not come when she was ready to do the dishes. 2. The initial tour of the kitchen was conducted with the Certified Dietary Manager (CDM) on 5/19/2014, The following was observed: 9:39 Am Dry Storage One opened bag of corn stuffing mix in the original container with the top of the bag folded but not sealed. There was not a date on the bag to show the date the bag was opened. One bag of French Fried Onions opened and not dated with the date of opening. One bag of sliced almonds opened and not dated with the date of opening. One large bag of macaroni opened and not dated with date of opening. During the observation of dry storage the CDM stated the staff was supposed to secure and date opened items with the date of opening. The CDM was observed to remove the items from the area. 9:55 AM Refrigerator # 1 One (1) opened bag of shredded cheese with no label or date of opening. One (1) opened bag of shredded carrots with no label or date of opening. 10:00 AM Freezer # 1 One (1) opened bag of mixed broccoli and cauliflower with no label or date of opening.		PLANS TO MONITOR PERFORMANCE TO MAKE SURE SOLUTIONS ARE SUSTAINED; The kitchen CDM Coordinator or designee will monitor, each day, kitchen staff assignment plan to confirm compliance with defined processes related to proper dishwashing and food storage. **(See Attachment G)** Registered Dietician staff will conduct weekly rounds to monitor kitchen sanitation and proper food storage. END F 371	

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	Continued from page 5 One (1) opened bag of hushpuppies with no label or date of opening. 10:05 AM Freezer (no number) between Freezer # 1 and Freezer # 2: One (1) opened bag of unbaked cookies with no label or dare of opening. One opened bag of pepperoni with no label or date of opening. 10:10 AM Freezer # 2 One (1) opened bag of breaded chicken with no label or date of opening. One opened bag of fish with no label or date of opening. One (1) package of cubed steak that was not sealed and was not labeled or dated when opened. The top of the bag of cubed steak was open and two (2) pieces of steak had fallen out of the bag and were lying in the freezer. One (1) opened bag of Salisbury steak with no label or date of opening. One (1) bag of diced chicken with no label or date of opening. One (1) opened bag of salmon with no label or date of opening. One (1) opened bag of corned beef with no label or date of opening. The CDM was observed to throw the bag of corned beef in the trash can and stated the meat was freezer burned. The CDM stated the kitchen staff was not labeling and dating the food items when opened and she would in-service the kitchen staff. 10:15 AM Freezer # 3 One (1) large opened container of ice cream not dated when opened.			

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	Continued from page 6 The facility's Consulting Dietician stated in an interview on 5/21/2014 at 2:47 that all food items should be sealed, labeled and dated after opening.			

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