

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2014
NAME OF PROVIDER OR SUPPLIER TRINITY GLEN			STREET ADDRESS, CITY, STATE, ZIP CODE 849 WATER WORKS ROAD WINSTON-SALEM, NC 27105	
(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 363 SS=F	<p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews, the facility failed to ensure the planned menu was followed to provide an alternate vegetable for residents ' choice at lunch on 10/6/14. This had the potential to affect all residents who received meals. The findings included:</p> <p>1. Review of the planned menu on 10/6/14 revealed baked eggplant was the alternate vegetable for lunch. There was not another vegetable indicated on the menu.</p> <p>A meal observation of lunch 10/6/14 at 12:30PM revealed baked eggplant was not available for a choice of vegetable. There were no vegetables available/ prepared for residents ' choice. Several residents asked the dietary staff about a vegetable for lunch and were informed by staff they had potato salad and/or rice for lunch.</p>	F 363	<p>*Conferred with RD and had menu corrected to reflect vegetable on main menu selection. 10-9-14 Put procedure in place to make any menu changes for unavailable items or seasonal substitutions on the day of food order in advance of menu preparation date. 10-9-14 *In-service held with dining staff by FSD on 10-9-14 regarding new procedure to make menu changes on order day to reflect any substitutions. *FSD reviewed entire menu set to verify there were vegetables for both main & alternate menus. 10-10-14 *Assistant cook shall do daily checks 7 days per week to ensure the menu is being followed and report to AFSD. The menu verification form audit tool will be used. AFSD or Assistant Cook shall do a</p>	11/6/14

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

TITLE

(X6) DATE

Electronically Signed

10/23/2014

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 363	Continued From page 1 On 10/8/14 at 12:15PM, the dietary manager stated if a food item was substituted on the menu, the substitution would be the same type of food (e.g. vegetable for vegetable, starch for starch, and meat for meat). She said, when the lunch was served on Monday (10/6/14), they did not realize that a vegetable had not been served. The dietary manager stated she talked about not having the eggplant that was scheduled to be served for lunch with the cook around 9:00AM on Monday and they both talked about changing it to another vegetable. The dietary manager stated she told the cook to change it to a green vegetable. Lunch was served and they did not realize there was not a vegetable served until the meal had been completed. She stated there should have been a substitute vegetable served for lunch.	F 363	random visual inspection of foods served to match menu at each dining pod and make corrections at point of service and shall report findings to FSD. This will be done daily (7 days per week)for one quarter, then 3 times per week for one quarter, then weekly for two quarters. The menu verification form will be used. FSD shall do weekly spot checks of foods served to match menu for one year and report to QAPI committee. The menu verification form will be used.10-13-14 *FSD shall report progress of following menus quarterly to QAPI committee for one year and make any modifications to plan as needed. 10-10-14		
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 This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to wear a hair net and to completely cover the hair with a hair net, failed to label and date opened food, failed to maintain	F 371	1. * Hairnets were applied with great care to completely contain hair for staff listed. 10-8-14 * Hairnets were applied with great care to	11/6/14	

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F 371	<p>Continued From page 2</p> <p>clean equipment in the kitchen area, failed to properly sanitize food surfaces, failed to remove one scoop from the flour storage bin and store the scoop in the holder, and failed to maintain food items at the proper temperature. The findings included;</p> <p>1. A Facility Policy titled Employee Hygiene with revision date 8/23/13 stated, in part, "6. Food service employees must wear suitable and effective hair restraints and beard restraint, if applicable".</p> <p>An initial tour of the kitchen was conducted on 10/6/14 at 11:00 AM. The assistant dietary manager was observed wearing a hair net with her hair not completely contained in the hair net.</p> <p>A dining room observation was conducted on 10/6/14 at 12:45PM on the 100/200 hall. Both the dietary manager and the assistant dietary manager were observed in the kitchen serving area where food was being served for lunch. Their hair was not completely covered with a hairnet.</p> <p>On 10/8/14 at 11:15AM, an observation of food preparation was done in the kitchen area. The dietary manager was observed wearing a hair net with her hair not completely contained in the hair net. Dietary staff #1 was observed working with food items. Her hair touched the top of her shirt collar. She was not wearing a hair net and wore a ball cap covering the top on her head. Cook #1 was observed preparing the main meal. She was wearing a hair net with her hair not completely contained in the hair net.</p> <p>On 10/8/14 at 11:15AM, Dietary staff #1 stated</p>	F 371	<p>completely contain hair for all dining staff. 10-9-14</p> <p>*In-service was held for dining staff by FSD on 10-9-14 to 10-31-14 regarding proper use of hairnets. This shall also be done by FSD for any new staff as part of orientation.</p> <p>An additional supply of hairnets placed at each dining pod for ease of use. AFSD or assistant cook shall conduct daily inspection (7 days per week) of dining staff using the 371 audit tool to see that hairnets are applied correctly, make any corrections and report to FSD. FSD shall conduct weekly spot checks of dining staff for hairnet application using 371 audit tool, review daily reports and shall report progress to QAPI committee. 10-23-14</p> <p>*FSD shall report on hairnet use quarterly to QAPI committee for one year and make any modifications to plan as needed. 10-10-14</p> <p>2. *All undated food in cooler was disposed immediately. Date of opening was placed on frozen foods. 10-8-14</p> <p>*Audit was done by FSD of walk-in cooler, freezer and stock room to see that all items were dated correctly. 10-8-14</p> <p>*In-service for dining staff was completed by FSD on 10-9-14 to 10-31-14 to remind staff of policy for labeling and dating foods.</p> <p>AFSD or assistant cook shall check cooler, freezer and stock room for proper dating daily(7days per week) using the 371 audit tool, make corrections needed and report to FSD.</p> <p>FSD shall do weekly spot checks of</p>		

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F 371	<p>Continued From page 3</p> <p>she always thought she could just wear a hat and did not need a hair net.</p> <p>On 10/8/14 at 11:15AM, the dietary manager stated she expected dietary staff to have all of their hair contained in a hair net when working with food.</p> <p>2. Facility policy titled "Date Marking Ready to eat potentially hazardous foods last revised 8/25/13" stated, in part, "1. Label ready to eat, potentially hazardous foods, including the product name and the date and time the product is prepared and opened."</p> <p>An initial tour of the kitchen was conducted with the dietary manager on 10/6/14 at 11:00 AM. A piece of corned beef was noted in the walk-in refrigerator. The meat was undated and unlabeled. The dietary manager removed the meat during the initial tour.</p> <p>On 10/8/14 at 9:35AM, an observation of the walk in refrigerator was conducted with the dietary manager and revealed one container of sweet tea and one container of lemonade were labeled but not dated. An observation of the freezer revealed one opened package of green peas not labeled or dated. There were twelve patties of meat opened. The dietary manager stated they were beef steak fritters. They were not labeled or dated.</p> <p>On 10/8/14 at 9:40AM, the dietary manager stated all items should be labeled and dated when opened.</p> <p>3. A facility policy titled "Dietary Cleaning" last revised 9/3/13 stated, in part, "Dietary equipment</p>	F 371	<p>cooler, freezer and stock room for proper dating of foods using 371 audit tool, review AFSD findings and report to QAPI committee. 10-13-14</p> <p>*FSD shall report on progress of food dating quarterly to QAPI committee for one year and make modifications to plan if needed. 10-10-14</p> <p>3. *Equipment including (stove top, splash guard, hood vents, oven floor, window and side) were wiped down and cleaned. 10-9-14</p> <p>Above listed equipment was taken out and deep cleaned with power washer. 10-14-14</p> <p>* All kitchen equipment was put on new cleaning schedule. 10-10-14</p> <p>New cleaning schedule shall be posted in kitchen. 10-23-14</p> <p>New cleaning schedule states that: stove top and sides, convection oven and outside, fryer, and grill will be cleaned daily and has a specific staff member assigned to each day of the week for each piece of equipment. Furthermore; oven racks, steamer, internal fryer component, and hood vents will be cleaned weekly with a specific staff member assigned to clean each piece of equipment.</p> <p>Dining staff were in-serviced on new cleaning schedule and duties for cleaning by FSD. 10-9-14 to 10-31-14.</p> <p>Cook shall inspect and general clean equipment used daily(7 days per week). All dining staff shall follow new cleaning schedule as posted.</p> <p>AFSD or assistant cook shall inspect equipment cleaning daily(7 days per week) using 371 audit tool, make</p>		

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F 371	<p>Continued From page 4</p> <p>and work surfaces will be cleaned and sanitized to ensure removal of residual food, chemicals and bacteria. Procedures: 1. Cleaning schedules listing cleaning duties and person responsible for completing each task will be posted."</p> <p>A kitchen tour was conducted with the dietary manager on 10/8/14 beginning at 9:45AM. An observation of the stove revealed the top of the stove had dried food material, blackened material and grease spills on the stove; the aluminum splash guard at the back of the stove had dried grease and food splashed over the surface and the hood vents (twelve vents in all) were coated with a moderate film of grease and dust. The oven contained dried food/ black material over the floor of the oven and at the front of the oven; the windows of the oven were coated with splatters of a brown material and grease. The side of the oven near the stove was caked on the side from the stove level to the floor with dried food particles and grease.</p> <p>On 10/8/14 at 10:10AM, dietary staff #2 stated he was responsible for cleaning the stove vents and had last cleaned them around the middle of September. He also stated it had been a couple months or so since he had deep cleaned the oven area. He stated they used to have a person that came in once a week to deep clean and a person who washed just pots/ pans and also did some deep cleaning but both of those positions had been eliminated. He stated they used to have a cleaning schedule posted but there was not a cleaning schedule posted at that time.</p> <p>On 10/8/14 at 12:15PM, the dietary manager stated those duties had been redistributed to the dietary staff. She stated some of the evening</p>	F 371	<p>corrections and report to FSD. FSD shall check equipment cleaning progress weekly using 371 audit tool, review AFSD daily findings and report to QAPI committee. 10-13-14 *FSD shall report progress on equipment cleaning schedule quarterly to QAPI committee for one year and make any corrections to plan as needed. 10-10-14 4. *Surface was cleaned and sanitized with Oasis sanitizer per protocol. 10-8-14 * All kitchen surfaces were cleaned and sanitized with Oasis sanitizer per protocol. 10-8-14 In-service was held with dining staff by FSD on 10-9-14 to 10-31-14 regarding proper sanitizing surfaces and what chemical (Oasis sanitizer)is appropriate for use. AFSD or assistant cook shall observe dining staff daily (7 days per week)using 371 audit tool, for proper sanitizing of surfaces, take any corrective action and report to FSD. FSD shall spot check via observation weekly using 371 audit tool, review daily reports and report progress to QAPI committee. *FSD shall report progress of surface cleaning quarterly to QAPI committee for one year and make any modifications to plan as needed. 10-10-14 5. * Scoop was removed from bin, washed, air dried and returned to appropriate holder. * All bins were checked for scoop placement in holders. *In-service was conducted for dining staff by FSD on 10-9-14 to 10-31-14 regarding</p>		

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F 371	<p>Continued From page 5</p> <p>staff came in early sometimes to help clean the areas. The dietary manager stated she expected the deep cleaning of the entire kitchen to be done at least every 2 weeks and expected the oven to be cleaned and wiped out daily.</p> <p>4. A facility policy titled "Dietary Cleaning" last revised 9/3/13 stated, in part, "Dietary equipment and work surfaces will be cleaned and sanitized to ensure removal of residual food, chemicals and bacteria. Procedures: 6. Wash, rinse and sanitize food contact surfaces of sinks, tables, equipment, utensils, thermometers, carts and equipment before each use, between uses when preparing different types of raw animal foods, such as eggs, fish, meat and poultry, between uses when preparing ready-to-eat foods and raw animal foods, such as eggs, fish, meat and poultry and any time contamination occurs or is suspected. 7. Service area wiping cloths are cleaned and dried or placed in a chemical sanitizing solution of appropriate strength."</p> <p>On 10/8/14 at 10:00AM, cook #1 was observed cleaning the stainless steel surface where food was prepared. She stated she used water and poured some bleach in the water and used that solution to clean the preparation food surface areas.</p> <p>On 10/8/14 at 10:00AM, the dietary manager stated there was not a way to test the bleach solution for strength to determine if the solution was strong enough to sanitize the area. She stated she expected staff to use the sanitizing solution that was used in the three compartment sink to clean all food service areas. The dietary manager instructed cook #1 to obtain a pail of the sanitizing solution and use that solution to clean</p>	F 371	<p>proper scoop placement. AFSD or assistant cook will check for scoop placement daily (7 days per week)using 371 audit tool, make corrections and report to FSD. FSD will check weekly for scoop placement using 371 audit tool, review AFSD findings, make corrections and report to QAPI committee. *FSD will report progress of scoop placement quarterly to QAPI committee for one year and make corrections as needed. 10-10-14</p> <p>6. * Pudding was cooled to proper temperature prior to serving. 10-8-14</p> <p>* Temperatures were taken for pudding on all other pods and were within limits. 10-8-14</p> <p>In-service was held for dining staff by FSD on 10-9-14 to 10-31-14 on proper temperatures for hot and cold foods and methods of heating and cooling. New staff will be trained on this in orientation process by FSD.</p> <p>Cheat sheet with proper temperatures for hot and cold foods and methods to heat and cool foods shall be placed at each pod and posted in kitchen for quick reference.</p> <p>Server shall record temperatures of foods each meal daily, make corrections prior to service and report findings to AFSD. AFSD or assistant cook shall spot check temperatures at dining pods daily (7 days per week)using 371 audit tool, make any corrections and report findings to FSD. FSD shall review all findings, do weekly spot checks of temperatures using 371 audit tool and report progress to QAPI</p>		

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

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F 371	Continued From page 6 the food preparation surfaces. 5. On 10/8/14 at 9:50AM, an observation was conducted with the dietary manager of the storage bins for sugar, corn meal and flour. One scoop was immersed in the flour. The dietary manager stated the scoops should be stored in the container in its sleeve. 6. On 10/8/14 at 12:30PM, an observation of the food area on 500/600 hall was conducted with the dietary manager. There was 1 1/2 trays of prepared chocolate pudding on the counter of the kitchen area. A temperature was obtained by the dietary manager and revealed the temperature of the chocolate pudding to be 51 degrees. The dietary manager stated that was not acceptable and placed the trays of chocolate pudding in the refrigerator. She stated the chocolate pudding should be maintained at 41 degrees or lower.	F 371	committee. *FSD shall report progress of food temperatures quarterly to QAPI committee for one year and make any modification to plan as needed. 10-10-14		
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	F 431		11/6/14	

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F 431	<p>Continued From page 7 applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature 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 record review, observation and staff interview, the facility failed to date multi dose medications when opened in 2 (200 and 300 medication carts) of 6 medication carts. The findings included:</p> <p>The manufacturers' specifications for advair diskus (steroid/bronchodilator), symbicort (steroid/bronchodilator) and prostat (protein supplement) were reviewed. The box of advair diskus read "expire 30 days after foil overwrap was removed." The box of symbicort read " expire 3 months after foil package opened." The bottle of prostat read "discard 3 months after opening."</p> <p>The facility's policy (undated) on medication</p>	F 431	<p>* Advair was discarded and replaced with new dated vial. Symbicort and Prostat were dated with date of recent delivery from pharmacy. 10-9-14</p> <p>* An audit was done by Charge Nurses and Supervisor of all med carts and med rooms for dates on multi-dose vials and any corrections were made immediately. 10-9-14</p> <p>* Pharmacy will send yellow labels with all multi-dose vials that are to be dated upon opening to alert and remind staff to date vials.</p> <p>In-service was conducted with Nurses and MAAs about proper procedure for dating of multi-dose vials by Nursing Supervisor on 10-21to 23-14 (any nurse or MAA staff</p>		

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F 431	<p>Continued From page 8</p> <p>storage was reviewed. The expiration date of prostat was 3 months after opening, symbicort was 3 months after opening and advair diskus was 30 days after opening.</p> <p>On 10/9/14 at 10:30 AM, the 200 hall medication cart was observed. Two opened bottles of prostat with no date of opening and one used symbicort inhaler with no date of opening were observed. At 10:45 AM, Nurse #1 was interviewed. Nurse #1 stated that Prostat and symbicort should have been dated when first opened.</p> <p>On 10/9/14 at 11:25 AM, the 300 hall medication cart was observed. Two used advair diskus with no date of opening were observed. At 11:30 AM, Nurse #2 was interviewed. She stated that advair should have been dated when first opened.</p>	F 431	<p>not working those days was mailed an in-service to their home address on 10-24-14.)</p> <p>Any new staff shall be trained on this by SDC during orientation.</p> <p>Nurses and MAAs shall audit each cart daily (7 days per week), making any corrections and report to supervisors. This will be done daily for one quarter, weekly for second quarter and monthly for two more quarters.</p> <p>Supervisors shall audit carts and med rooms weekly, making corrections and review daily audits and report to DON. This will be done for two quarters then monthly for two remaining quarters. DON shall review weekly reports and report to QAPI.</p> <p>*DON shall report progress on dating of multi-dose vials quarterly to QAPI committee and modify plan as needed.</p> <p>10-10-14</p>		