STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345436	A. BUILDING _____ B. WING _____	C 01/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON REHABILITATION AND HEALTHCARE	**1000 TANDALL PLACE KNIGHTDALE, NC 27545**

(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 There were no citations cited as a result of the compliant investigation. Event ID: JJDD11.	F 000		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on record review and staff and resident	F 278	F278	2/11/16

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

Electronically Signed | 02/05/2016

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F 278	Continued From page 1 interviews, the facility failed to accurately code on the Minimum Data Set (MDS) assessment to reflect the resident ' s dental status for 1 of 40 residents. (Resident #45) Findings included: Resident #45 was admitted to the facility on 11/28/14 with cumulative diagnoses which included Diabetes, Atrial Fibrillation, and Depression. Section C of the Comprehensive Annual Minimal Data Set (MDS) Assessment dated 10/7/15 revealed that resident #45 was moderately cognitively impaired. The resident had no swallowing disorder and no problems with his dental or oral status. On section L of the MDS was not coded that the resident had no natural teeth or tooth fragment (edentulous). It was also not coded that the resident was likely to have a cavity or have broken natural teeth. Resident #45 was interviewed on 1/13/16 at 3:30 PM. He stated that he had multiple chipped and missing teeth. The resident stated that he only had 2 top teeth and his teeth had been like that for a while. He stated that he had not seen a dentist since he had been at the facility and wanted to make a request to see a dentist. He stated that he had no problems eating but sometimes his gum were sore due to chewing. An observation of resident ' s #45 teeth was made on 1/13/16 at 3:35 PM. Resident #45 only had 2 teeth on the top portion of his mouth and one severely chipped tooth. Resident #45 also had many chipped teeth and was missing several teeth on the bottom portion of his mouth. On chart review, Resident ' s #45 Admission Data Collection sheet dated 11/28/14 stated that resident had natural teeth and edentulous. Speech Therapy note dated 3/30/15 stated that resident ' s upper dentition was natural and the	F 278	Corrective Action or the Resident Affected The comprehensive annual MDS, Section L for Resident #45 dated 10-7-15 was reviewed and corrected on 01/20/16 by the MDS Coordinator to accurately reflect the resident's dental status. On 1/14/2016 an order was written by the Nurse Practioner for a dental consult and to change the resident's diet to mechanical soft. On 1/15/2016 an order was written for a Speech Evaluation to assess residents dietary texture needs. A dental appointment was made and the resident was seen by the dentist on 1/21/2016. The resident's care plan was updated to reflect his dietary texture needs. Corrective Action for the Resident Potentially Affected All residents have the potential to be affected by inaccurate coding on the comprehensive MDS. An audit of 68/70 (one sent to ER and one refused) residents was completed by Unit Nurse and DCS to physically assess each residents' dentition on 1/19/2016 and 1/20/2016. On 1/20/2016 a comparison audit of the findings of the physical assessments and the most recent comprehensive MDS was completed by the MDS Coordinator, Director of Clinical Services, and Unit Nurse. The most recent comprehensive MDS assessment was modified to reflect the accurate dentition for 20/68 residents and care plans were updated accordingly. Systemic Changes The Regional MDS Coordinator in-serviced the MDS Coordinator on	

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F 278	Continued From page 2 resident had limited dentition with only one tooth intact. Resident ' s lower dentition was natural and oral cavity was intact. The note stated that the resident was on a mechanical soft solids diet largely due to dental status. Nurse #1 was interviewed on 1/14/16 at 11:17 AM. She stated that she checked the resident's teeth on 1/14/16 at 11:21 AM and the resident had multiple broken and chipped teeth. She stated that there was more than 1 tooth that is broken/chipped. The resident had never complained to her about tooth pain before and did not have any problems with eating. She stated that she would put in a dental consult per resident ' s request. The MDS coordinator was interviewed on 1/13/16 at 3:36 PM. She stated that she doesn ' t remember why she coded the resident ' s dental status as having no problems or what she reviewed during the assessment. That if a resident was missing teeth or had broken teeth then it would have coded as the resident likely having a cavity or as having broken natural teeth under the dental section of the MDS. The MDS coordinator was interviewed again on 1/14/16 at 2:49 PM. She stated that on an Admission MDS assessment that she would do a dental assessment face to face. On a quarterly MDS assessment that she does not typically assess the resident face to face for dental status unless they have had a change but will look at other documentation. She stated that she didn ' t do a face to face assessment with the resident on his annual assessment that she completed on 10/7/15. The Administrator was interviewed on 1/14/16 at 3:06 PM. She stated that her expectation was for the MDS be coded accurately according to the resident status. She also stated that the MDS	F 278	01/25/16 on the accurate completion of sections C and L on the MDS. The DCS and or ADCS will randomly review 5 completed MDS assessments and compare to physical dental assessment weekly for 4 weeks to verify accurate coding and completion, then 3 MDS assessments weekly times 4 weeks then 3 monthly times 12 months utilizing the QA monitoring tool for MDS accurate completion. Opportunities will be corrected by the MDS Coordinator as identified during these audits. Quality Assurance The results of these reviews will be submitted to the QAPI Committee by the MDS Coordinator for review by IDT members each month for 12 months. The QAPI Committee will evaluate the effectiveness and amend as needed.	

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F 278	Continued From page 3 coordinator was supposed to assess the resident face to face for any comprehensive MDS assessment.	F 278		
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 observations and staff interviews the facility failed to label, date, and/or discard eight of eight leftover foods by the use by date. The facility also failed to effectively clean and store for service after dishwashing, food service cooking utensils, service ware, and storage equipment in a manner to allow air drying. Findings included: During the initial Kitchen/Food Service Observations conducted on 01/11/16 at 5:30 AM the following was observed: (a) 10 of 10 half size pans were observed with an accumulation of burnt on food and accumulation of dried white matter around the inside edges of the pans. The pans were also observed stored for service wet.	F 371	F371 Corrective Action for Resident Affected This plan of correction will address the kitchen deficiencies as outlined in the 2567. Sanitation: a) 10 of 10 half sized pans were cleaned per facility policy by the Dietary Manager. After they were cleaned, the pans were inspected to insure debris was removed during the cleaning process and positioned properly to allow air drying. b) 1 quart size stainless steel mixing bowl and 1 gallon size stainless steel mixing bowl were cleaned per facility policy and inspected to insure that food particles and grease were cleaned from the inside and outside of the bowls. c) 75/78 glasses were washed (and 3	2/11/16

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F 371	Continued From page 4 (b) 1 quart size stainless steel mixing bowl and 1 gallon size stainless steel mixing bowl were observed with reddish brown food spills on the insides and outsides of the bowls. There was a greasy film observed on the inside and outsides of the bowls. (c) 78 of 78, eight ounce glasses were observed stored for service with the lip ends down on baking pans instead of drying racks. There was no air flow to allow air drying. The glasses were observed with moisture on the insides and outsides of the glasses. (d) 1 of 20 cereal bowls was observed stored for use in the drying rack, cracked on the top edge. (e) 12 of 12 sectional plates were observed stored for service with reddish brown food spills on the insides of the plates. The plates were also stored for service wet with an accumulation of water on the insides. (f) 1 of 2 food carts was observed at 5:50 AM, stored next to the pan rack used for clean pots, pans, and storage containers. The cart was observed soiled with accumulated dried food spills, which were reddish brown in color on the left side (in the groove below the handle). An inch of water was observed (in the groove below the handle) on the right side of the cart. All three shelves of the cart were covered with a layer of white greasy spills which were greasy to the touch. The wheels of the cart were soiled with an accumulation of dust and grease. (g) 1 gallon sized pitcher was observed stored on the pan rack used for clean pots, pans, and	F 371	were discarded) the glasses that were washed were properly positioned to allow adequate air flow to allow air drying to occur. d) The 1of 20 cracked bowls were discarded by the Dietary Manager. e) 12 of 12 sectional plates were cleaned per facility policy and inspected by the dietary manager to insure food particles were removed and then positioned properly on storage racks to allow air flow for air drying. Cracked sectional plate was discarded by the Dietary Manager. f) 1 of 2 food carts were cleaned by the dietary manager and inspected after cleaning to insure food particles, dust and grease were removed. g) 1 gallon sized pitcher, two quart plastic storage bin, and two six quart plastic storage bins were cleaned and inspected after cleaning by the Dietary Manager to insure food particles and grease were removed. h) 1 -3.5 gallon plastic storage bin and 17 lids were cleaned and inspected after cleaning to insure food particles were removed in the cleaning process. i) 1-8 quart pot was cleaned by the dietary manager and inspected after the cleaning by the Dietary Manager to insure that all food particles were removed in the cleaning process. j) 4 of 4 half size steamer pans and 2 of 2 full size steamer pans were cleaned and inspected after the cleaning process by the Dietary Manager to assure the greasy film was removed and placed on storage racks to allow adequate air flow for air	

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F 371	Continued From page 5	F 371		

storage containers. The pitcher had reddish brown spills in four places on the outside of the pitcher and on the top of the handle. Also stored on the pot and pan rack, was a two quart plastic storage bin and two six quart plastic storage bins stored for service with reddish brown spills and a greasy film on the outsides of the bins.

A staff interview with the Dietary Aide #2 was conducted on 01/11/16 at 6:00 AM regarding the reddish brown food spills found on the sectional plates, the food cart, stainless steel bowls, the gallon sized pitcher, and the storage containers. Dietary Aide #2 stated, "I think it looks like gravy."

Continued observations on the pot and pan rack revealed the following:

(h) 1, (3.5) gallon plastic storage bin and 17 matching lids were observed with reddish brown food spills.

(i) 1, eight quart pot was observed with accumulated dried food debris on the inside, and reddish brown spills on the outside of the pot.

(j) 4 of 4, half size steamer pans, 2 inches in depth, and 2 of 2 full size steamer pans, 2 inches in depth, were stored for use wet and with a greasy film over the entire surface of the pans.

(k) 15 of 15 full size pans, 2 inches in depth were observed stored for service wet, and with a greasy film over the entire surface of the pans.

(l) 2 of 2 large frying pans were observed with a thick layer of black accumulated matter approximately 2 inches wide on the inside rims of the pans. The pans had a greasy film over the

drying.
k) 15 of 15 full size pans were cleaned and inspected after the cleaning process by the Dietary Manager to ensure greasy film was removed during the cleaning process and placed on the storage racks to allow adequate air flow for proper air drying.
l) 2 of 2 large frying pans were cleaned and inspected by the dietary manager, new frying pans were ordered by the Executive Director on 01/26/16
m) 10 of 10 half size pans were cleaned and inspected by the dietary manager, new half size pans were ordered by the Executive Director on 01/26/16.
n) 3 of 3 full size steam table pans were cleaned and inspected by the Dietary Manager, new full size steam table pans were ordered by the Executive Director on 02/01/16.
o) 1 five gallon and 2 of 3 one-half gallon plastic storage containers were cleaned and inspected after the cleaning process by the Dietary Manager to insure the greasy film was removed and the storage containers were positioned on the storage rack to allow adequate air flow for air drying.
p) 2 of 2 grease drainers were emptied and cleaned by the Dietary Manager.
q) The can opener was cleaned by the Dietary Manager and inspected after cleaning to insure food particles were removed during the cleaning process and the can opener was then air dried.
r) 28 of 28 dome lids were cleaned and inspected by the Dietary Manager to insure food particles were removed in the

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F 371	Continued From page 6 entire surface of the pans. (m) 10 of 10 half size pans, 4 inches in depth, were observed with an accumulation of burnt on food debris around the inside edges of the pans. These pans were observed stored for service wet. (n) 3 of 3 full size steam table pans, 4 inches in depth, were observed stored for service with a black accumulation of food debris, stored for service wet, and had a greasy film on the inside and outside surfaces of the pans. (o) 1 five gallon and 2 of 3 one-half gallon plastic storage containers were observed with a greasy film on the inner and outer surfaces. The storage containers were observed stacked on top of each other, and had moisture on the insides of the containers. (p) 2 of 2 grease drainers were stored for use with an accumulation of grease. (q) The can opener was observed with a layer of accumulated dry brown food debris. (r) 28 of 28 dome lids were observed stored for service wet. 1 of the 28 lids was stored for service wet, and had an accumulation of food debris which was reddish brown in color on the inside rim of the dome. The domes were observed stacked on top of each other, and stored on the work table across from the steam table. A staff interview was conducted on 01/11/16 at 5:45 AM with the AM Cook regarding the condition after dishwashing of the pots, pans, and	F 371	cleaning process and placed to assure proper air flow for the air drying process. s) Serving utensils were cleaned and inspected by the Dietary Manager to insure all food particles were removed and allowed to air dry. In addition, the drawer that the utensils were stored in was cleaned inside, the drawer handle was cleaned and the outside of the drawer was cleaned. The drawer was inspected by the Dietary Manager to insure all food particles were removed after the cleaning process. The drawer was left open to allow for air drying before any cleaned utensils were placed in the drawer. t) 1 of 1 half cup scoop was cleaned and inspected after cleaning by the Dietary Manager to insure all food particles were removed and allowed to air dry. u) The plate warmer was cleaned and then inspected by the Dietary Manager to insure all food particles were removed during the cleaning process. Walk in Refrigerator/ Food Storage: a) 2 quarts of unlabeled/undated canned mixed fruit was discarded by the Dietary Manager on 01/11/16. b) 10 of 10 tuna sandwiches in the storage container with the use by date of 1/10/2016 were discarded by the Dietary Manager on 01/11/16. c) 2 quarts of chili with the use by date of 1/10/2016 were discarded by the Dietary Manager on 01/11/16. d) 3 quarts of vanilla pudding with the use by date of 1/10/2016 were discarded by the Dietary Manager on 01/11/16. e) 4 quarts of chopped meat with the	

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F 371	Continued From page 7 bowls on the storage rack, the glassware and sectional plates. The Cook indicated, "All the Dietary Aides are supposed to check the dishes, glasses for cleanliness and air drying. We can't get the grease off the frying pans." Continued observations on 01/11/16 at 6:15 AM revealed: (s) Clean serving utensils were observed stored in a drawer which had red thickened food spills on the inside of the drawer handle and also had accumulated reddish brown dried spills on the inside of the drawer. (t) 1 of 1, half cup scoop was observed set out for service on the steam table with the handle soiled with accumulated reddish brown dried food debris. (u) The plate warmer was observed with reddish brown dried spills on top of the lid cover and in front of the lid cover. A second staff interview was conducted on 01/11/16 at 6:20 AM with a Dietary Aide #1 regarding the reason the dome lids were stacked in a manner that did not allow for air drying. The Dietary Aide stated, "The reason we stack the lids that way, is because we only have one rack and there is nowhere else to put the lids to dry." A second staff interview was conducted on 01/11/16 at 6:25 AM with the AM Cook regarding how often the drawers were cleaned. The Cook indicated, "We clean the drawers out once a week." The Cook was unaware the half cup scoop was soiled, prior to being set out for service on the steam table.	F 371	use by date of 1/10/2016 were discarded by the Dietary Manager on 01/11/16. f) The large full size pan with unlabeled white thickened food was discarded by the Dietary Manager on 01/11/16. g) ½ bag of raw cabbage with the use by date of 1/9/2016 was discarded by the Dietary Manager on 01/11/16. h) 6 slices of unlabeled/undated cheese was discarded by the Dietary Manager on 01/11/16. Other: a) The plastic bin with drilled holes in it which stored the 28 dessert dishes was discarded. The dessert dishes were washed by the Dietary Manager and positioned properly to allow for adequate/proper air drying. b) The can opener was re-cleaned by the Dietary Manager and inspected after cleaning by the District Dietary Manager to assure all food particles were removed during the cleaning process and then the can opener was positioned properly to allow for air drying. c) The 1 of 4 half size steam table pans was cleaned by the Dietary Manager and inspected after the cleaning process by the Dietary Manager and District Dietary Manager to assure accumulated dried food debris and greasy film were removed during the cleaning process and then positioned properly to allow for adequate air flow during the air drying process. d) 8 of 8 full size pans were cleaned by the Dietary Manager and inspected after the cleaning process by the Dietary Manager and District Dietary Manager to assure accumulated dried food particles	

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F 371	Continued From page 8 During the Initial Kitchen/Food Service Observations conducted on 01/11/16 at 6:30 AM the following food items were observed in the Walk-In Refrigerator: (a) 2 quarts of mixed canned fruit was not labeled and not dated. (b) 10 of 10 tuna sandwiches observed in a plastic storage container were dated 01/08/16 with a use by date of 01/10/16. The sandwiches had not been discarded by the use by date. (c) 2 quarts of chili was dated 01/07/16 with a use by date of 01/10/16. The chili had not been discarded by the use by date. (d) 3 quarts of vanilla pudding was dated 01/07/16 with a use by date of 01/10/16. The pudding had not been discarded by the use by date. (e) 4 quarts of chopped cooked meat was not labeled. The item had a date of 01/09/16 with a use by date of 01/10/16. The cooked meat had not been discarded by the use by date. (f) 1 large 4 inch in depth full size pan which contained a white thickened food was observed not labeled and not dated. (g) 1/2 bag of shredded raw cabbage was not labeled. The cabbage was dated 01/06/16 and had a use by date of 01/09/16. The cabbage had not been discarded by the use by date. (h) 6 slices of cheese were observed wrapped in plastic wrap. The cheese was not labeled or dated with a use by date.	F 371	and greasy film were removed during the cleaning process and then the pans were properly positioned to allow adequate air flow for the air drying process. e) 1 of 10 sectional plates was re-cleaned by the Dietary Manager and inspected after the cleaning process by the Dietary Manager and the District Dietary Manager to assure dried food debris was removed during the cleaning process and the sectional plate was repositioned to allow for adequate air drying. f) 1 of 10 sectional plates that were observed with a crack inside was discarded by the District Dietary Manager. g) 1 of 2 utility carts was re-cleaned by the Dietary Manager to include removal of dried food debris in the groove below the handles and removal of the greasy film on the entire cart. The food cart was allowed to air dry properly and inspected by the District Dietary Manager to assure removal of all food debris, greasy film and that the middle shelf was free was water. h) 4 of 4 dome lids and 2 of 2 bases were re-cleaned by the Dietary Manager and positioned for proper air drying to allow for adequate air flow. The bowls that were also on the cart were re-cleaned by the Dietary Manager and also allowed to air dry with proper air flow. i) 3 of 3 dome lids were re-cleaned by the Dietary Manager and repositioned to allow for proper air drying. The cups that the dome lids were originally positioned on were re-cleaned by the Dietary Manager and positioned for proper air drying to allow for adequate air flow.	

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F 371	Continued From page 9 An interview was conducted on 01/11/16 at 6:50 AM with Dietary Aide #1. When asked the reason the leftover foods had not been discarded by the use by date, the aide stated, "the Cook was off and the other scheduled Cook on the weekend didn't throw it away yesterday (referring to 01/10/16). " A follow-up observation was conducted on 01/13/16 at 10:50 AM. The following was observed: (a) 28 of 28 dessert dishes were observed stored for service on a plastic glass bin cover that had small holes drilled sporadically on the bin cover, which did not allow thorough air drying. The dessert dishes had water on the rims and moisture on the outer edges. (b) The can opener was observed with dried food debris of a light brown color on the blade. (c) 1 of 4 half size steam table pans, 2 inches in depth had dried accumulated food debris on the insides of the pan and had a greasy film on the inside and outside of the pans. (d) 8 of 8 full size pans, 2 in depth were observed with accumulated dried food debris and a greasy film on the inside and outside of the pans. (e) 1 of 10 sectional plates was observed stored for service with dried food debris on the inside corner. (f) 1 of 10 sectional plates was observed stored for service cracked on the inside.	F 371	j) 2 of 2 dome lids were re-cleaned and properly repositioned to allow for adequate air flow to assure proper air drying. In addition, the glasses were removed from the rack and re-cleaned by the Dietary Manager and then repositioned to allow for adequate air flow to assure proper air drying. Corrective Action for Resident Potentially Affected On 01/11/16 half size pans, quart size mixing bowls, gallon size mixing bowls, sectional plates, the food cart, all gallon size pitchers, plastic storage bins with matching lids, eight quart pot, full size steamer pans, large frying pans, grease drainers, can opener, dome lids, serving utensils, half size scoop and plate warmer was cleaned according to facility policy and inspected after cleaning by the Dietary Manager and District Dietary Manager. On 01/11/16 the cracked cereal bowl was discarded and all cereal bowls were inspected for cracks by the Dietary Manager. On 01/11/16 all food storage was inspected and all open, unlabeled or undated food items were immediately discarded by the Dietary Manager. On 01/13/16 the can opener, all half size steam table pans, all full size pans, both food carts were cleaned according to facility policy by the Dietary Manager and inspected after cleaning by the Dietary Manager and the District Dietary Manager. All pots, pan, dishes, lids, plates and utensils were inspected by the District Dietary Manager and the Dietary	

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F 371	Continued From page 10 (g) 1 of 2 utility carts was observed to have water on the middle shelf. There was dried food debris in the groove below the handles. There was a greasy film on the entire cart. (h) 4 of 4 dome lids and 2 of 2 bases were observed double stacked on top of a drying rack filled with bowls. (i) 3 of 3 dome lids were observed double stacked on top of a rack of cups. (j) 2 of 2 dome lids were observed double stacked on top of a rack of glasses. A staff interview was conducted on 01/13/16 at 11:00 AM with the Food Service Manager regarding use of the plastic lid for storing the dessert dishes. The Food Service Manager indicated, " The plastic lid does not allow air drying. When asked the reason the leftover foods found in the walk-in refrigerator had not been labeled, dated, and/or discarded by the use by dates, the Food Service Manager stated, " The leftovers found undated /not labeled, and those not discarded timely should have been thrown away by the use by dates. I was not aware of the reason the leftovers were not discarded. " The Food Service Manager indicated the Dietary Aides the night before were responsible to discard the leftovers. The Food Service Manager stated, "The weekend Cook should have known to discard the leftovers. He had been in-serviced. Our policy is 3 days to have leftovers discarded. Leftovers should have been discarded that night (Sunday 01/10/16). " Review of the In-services for October -December 2015 did not indicate there had been an	F 371	Manager and those that could not be cleaned were discarded by the Dietary Manager. On 01/13/16 the cracked sectional plates were discarded and all sectional plates were inspected for cracks by the Dietary Manager and District Dietary Manager. Systemic Changes A 100% in-service was performed on 01/11/16 by the District Dietary Manager including the former Dietary Manager and Dietary staff on proper cleaning procedures according to the facility policy, proper drying of cleaned dishes, domes, lids, glasses, pots, pans, utensils, mixing bowls, food carts, plastic storage bins, scoops and plate warmers. In addition, dietary staff was in-serviced on proper procedures for dating and labeling of stored food items. On 01/13/16 the District Dietary Manager in-serviced the new Dietary Manager on proper cleaning procedures according to the facility policy and proper positioning for adequate air flow for proper air drying of all dishes, domes, lids, glasses, pots, pans, utensils, mixing bowls, food carts, plastic storage bins, scoops and plate warmers and dating and labeling of stored foods items. The new Dietary Manager and or Head Cook will monitor cleaning of pans, bowls, plates, food carts, drainers, can opener, lids, serving utensils, scoops and plate warmer utilizing the QA Monitoring Tools daily times 4 weeks, then 3 times a week for 4 weeks, then weekly times 4 weeks then monthly times 12 months to ensure proper cleaning has occurred .	

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F 371	Continued From page 11 in-service to show the Cook had training on dating and labeling leftovers, and time frames to discard leftovers. Interview with the District Food Service Manager conducted on 1/13/16 at 11:50 AM revealed, "There is only one rack to dry the domes and bases. " The Food Service Manager indicated the facility was aware of the problems in the kitchen and had started an improvement plan on 12/18/15 which was "obviously not effective and needed more work. I realized this was not working the last week in December. The first of January we realized that the 30 day plan had not worked." Interview conducted on 01/14/16 at 5:20 PM with the Administrator regarding expectations of the Dietary Department. The Administrator indicated, " My expectation is that the kitchen would be clean and up to sanitation grade 100, and all the foods would be discarded according to our policy." Review of the undated facility policy entitled: Storage of Pots, Dishes, Flatware, Utensils read: Policies: Pots, dishes, and flatware are stored in such a way to prevent contamination by splash, dust, pests, or other means. Procedures: Dish Handlers, Tray line Area Employees; Air dry pots, dishes, flatware, and utensils before storage, or store in a self- draining position. Monitor carbon build- up on pots and pans. 3-Compartment Sink: The 3 -Compartment sink should be used for all large pots, pans, and service ware. Assure that all traces of food have been removed from dishware. Air dry all items prior to storage. Dish Machine: Scrap, rinse, soak, and rack all items properly. Run racks through the machine. Check	F 371	Opportunities will be corrected daily by the new Dietary Manager as identified during these audits. The District Dietary Manager will monitor the cleanliness of the kitchen, to include but not limited to, dishes, pots, pans, utensils, and storage bins weekly times 6 weeks then 2 times per month for 4 weeks, then monthly for 12 months. In addition, the Administrator and /or DCS will perform random checks to ensure compliance of monitoring of the cleanliness of the kitchen, to include but not limited to, dishes, pots, pans, utensils, and storage bins. The Administrator and /DCS will conduct these inspections weekly times 6 weeks then 2 times per month for 4 weeks, then monthly for 12 months. The Dietary Manager and or Head Cook will monitor the air drying process to insure adequate air flow between drying cookware is performed utilizing the QA Monitoring Tools daily times 4 weeks, then 3 times a week for 4 weeks, then weekly times 4 weeks then monthly times 12 months to ensure proper cleaning has occurred. Opportunities will be corrected daily by the Dietary Manager as identified during these audits. The District Dietary Manager will monitor the air drying process to insure adequate air flow between drying cookware is performed weekly times 6 weeks then 2 times per month for 4 weeks, then monthly for 12 months. In addition, the Administrator and /or DCS will perform random checks to ensure compliance of monitoring of the adequate air flow between drying cookware to	

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F 371	Continued From page 12 to make sure all items are clean or re-run the rack another time. Air dry all dishes prior to storage. They must be completely dry. Leftovers: Proper Storage Techniques; Food should be wrapped, labeled with the name of the item, and dated. Food should be discarded if not used within 3 days. Daily Monitoring of Refrigerators and Freezers: All food storage areas should be monitored daily to identify any food items that must be discarded or used.	F 371	insure adequate air flow between drying cookware is performed weekly times 6 weeks then 2 times per month for 4 weeks, then monthly for 12 months. The Dietary Manager and or Head Cook will monitor the proper food storage protocols, including labeling for dates, used by and pull for thawing utilizing the QA monitoring tool daily times 4 weeks, then 3 times a week for 4 weeks, then weekly times 4 weeks then monthly times 12 months to ensure proper cleaning has occurred. Opportunities will be corrected daily by the Dietary Manager as identified during these audits. The District Dietary Manager will monitor the proper food storage protocols, including labeling for dates, used by and pull for thawing weekly times 6 weeks then 2 times per month for 4 weeks, then monthly for 12 months. In addition, the Administrator and /or DCS will perform random checks to ensure compliance of monitoring the proper food storage protocols, including labeling for dates, used by and pull for thawing weekly times 6 weeks then 2 times per month for 4 weeks, then monthly for 12 months. Quality Assurance The results of these reviews will be submitted to the QAPI Committee by the Dietary manager for review by IDT members each monthly for 12 months. The QAPI Committee will evaluate the effectiveness and amend as needed.	
F 463 SS=E	483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH The nurses' station must be equipped to receive	F 463		2/11/16

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F 463	Continued From page 13 resident calls through a communication system from resident rooms; and toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain a functioning call bell system for 1 of 2 (Station 1) resident halls. Findings included An observation was made on 1/11/16 at 10:00 AM of the central call bell station at nursing station 1. The call bell station contained unmarked buttons behind a thick plastic cover and a telephone handset. The handset was observed to be off the hook and was placed on the desk behind a stack of paper. An observation was also made of a light illuminated outside a resident room. No buttons were lit on the central call bell station, and no audible alert was heard. An additional observation was made on 1/12/16 at 9:50 AM of the central call bell station at nursing station 1. The call bell station contained unmarked buttons and a telephone handset. The handset was observed to be off the hook and was placed on the desk behind a stack of paper. An observation was also made of a light illuminated outside a resident room. No buttons were lit on the central call bell station, and no audible alert was heard. An observation was made on 1/12/16 at 10:00 AM of a nursing assistant (NA #1) pressing a call bell in a resident room. The light outside the room lit up but the central call bell station at nursing station 1 was not lit up, and no audible alert was heard. The handset was observed off the hook. The handset was then placed on the hook and NA #1 was observed to press the call bell in a	F 463	F463 Corrective Action for the Resident Affected No specific resident was identified in the 2567. Corrective Action for Residents Potentially Affected All residents have the potential to be affected by this alleged deficient practice related to functioning of the call bell system. See systemic changes listed below for corrective action for residents potentially affected. Systemic Changes An in-service was initiated by the DCS and ADCS to all staff on 01/13/16. The in-service included assuring the telephone hand set remained on the receiver to assure call bell is audible at the nurses' station. Leaving the handset on the counter prevents the call light system from notifying staff with an audible tone of a call light that is on. Staff were in-serviced that the call bell system must be audible and visual via the light outside each residents' room and at the call light communication center at each nurses station. On 01/13/16 the call light system was tested by the maintenance director, DSC, Social Worker, and unit managers to ensure that if a call light was pushed from	

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F 463	Continued From page 14 resident room. After the call bell was pressed, with the handset on the hook, an unmarked light lit up and a barely audible alert sounded at the central station located at nursing station 1. An interview with the Director of Nursing (DON) on 1/12/16 at 10:00 AM revealed the handset was supposed to be on the hook for the central call bell system to function. The DON could not explain why the handset was off the hook, or how long it had been off the hook. An interview was conducted on 1/12/16 at 12:10 PM with NA #2 typically assigned to Station 1. She stated if a light went on outside a resident room she would go in to see what the resident needed. She also stated if she was assisting a resident in their room she would not be able to see another call light, and would not hear an audible alert. An interview was conducted on 1/13/16 at 12:15 PM with NA #3 typically assigned to care for residents on Station 1. She stated, " There ' s no ding and no light if the phone is off the hook. We can hear a ' ding ' and see a light, but only if the phone is on the hook. " She also stated the light outside the resident rooms was a signal a resident needed assistance, but if she was down the hall, or in another room she would not see a light or hear an alert. An interview was conducted on 1/13/16 at 12:20 PM with Nurse #2 typically assigned to Station 1. She stated when a resident pressed the call bell a light lit up outside the room, but nothing happened at the nursing station. She also stated maintenance was called if the call bell system malfunctioned. An interview was conducted with the maintenance director on 1/13/16 at 3:00 PM. He stated the call bell system had been in place since he arrived in August of 2015. He stated he checked the	F 463	a resident's room the call light panel would light up the appropriate light and an audible alert would sound at the call bell system communications center at each nurses' station. All buttons on the call light panel were properly identified and marked. On 01/13/16 the Maintenance Director removed the Plexiglas from the call light panel and drilled holes in the location where the speaker would be located to increase the audibility. On 01/14/16 and 01/15/16 the Maintenance Director replaced blown light bulbs on the call light panel. A service call was placed on 01/29/16 by the Maintenance Director. On 02/02/16, a service technician from South Med in facility to service the call light system and repairs made. On 02/04/16 the Executive Director in-serviced the Maintenance Director on the resident call system failure and preventive maintenance program policy. Compliance Rounds will be conducted by the Director of Clinical Services, Maintenance Director and or Executive Director to ensure ongoing compliance with the resident call systems. Compliance Rounds will be conducted 5 times a week for 6 weeks then 3 times a week for 12 weeks- 3 call lights will be checked during these compliance rounds to assure that the system is audible and visual on the center call station as well as outside the residents room to ensure ongoing compliance of function of call bell system. The results of the compliance monitoring will be documented on the	

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F 463	Continued From page 15 system on a monthly basis to ensure the lights outside resident rooms were functional. He stated the thick plastic cover over the central call bell station at nursing station 1 was there when he arrived, and was muting the audible alert. He stated, " If you are standing more than 5 feet away from the central call bell station you wouldn ' t be able to hear the alert. " He also stated some of the lightbulbs were burnt out behind the unmarked buttons. He also stated when the call bell system functioned properly a light would come on outside the resident room, a light would come on at the central station located at the nursing station, and a bell would ring at the nursing station. He further stated he increased the volume of the bell at the call bell station at the nursing station so the staff could hear it. An interview was conducted with the facility administrator on 1/13/16 at 4:00 PM. She stated her expectations were for the maintenance director to maintain the call bell system in a working manner so the residents had a way to communicate directly with the staff. She stated she was working with the director of maintenance to correct the call bell system located at station 1.	F 463	facility monitoring tool. Quality Assurance The results of these compliance rounds will be submitted to the QAPI Committee by the Maintenance Director for review by IDT members each month for 6 months. The QAPI Committee will evaluate the effectiveness and amend as needed.	
F 520 SS=E	483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify	F 520		2/11/16

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F 520	Continued From page 16 issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility ' s Quality Assessment and Assurance Committee failed to maintain procedures and monitor the interventions that the committee put into place in March, 2015. This was for two recited deficiencies, which were originally cited on a recertification survey in March, 2015 and on the current recertification survey. The deficiencies were in the area of assessment accuracy and food procurement. The continued failure of the facility during two surveys showed a pattern of the facility ' s inability to sustain an effective Quality Assurance (QA) Program. Findings Included: This tag is cross referenced to F 278 Based on record review and staff interviews, the facility failed to accurately code on the Minimum Data Set (MDS) assessment to reflect the resident ' s dental status for 1 of 40 residents. (Resident #45) F 371 Based on observations and staff interviews	F 520	F520 Corrective Action for the Resident Affected The Executive Director held a Quality Assurance Performance Improvement meeting with the Interdisciplinary Team including the Medical Director, Director of Clinical Services, Director of Rehab, Social Services, Dietary Manager on 01/18/16 focusing on the areas of MDS assessment and Sanitation in the kitchen and reviewed the prior plan of correction as cited in the recertification survey in March 2015. The Executive Director in conjunction with the QA team implemented a new plan of correction for the MDS accuracy and Kitchen Sanitation with implementation of a plan of correction including ongoing monitoring to sustain improvement. Corrective Action for Residents Potentially	

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F 520	Continued From page 17 the facility failed to label, date, and/or discard eight of eight leftover foods by the use by date. The facility also failed to effectively clean and store for service after dishwashing, food service cooking utensils, service ware, and storage equipment in a manner to allow air drying. This was originally cited during the November 2014 recertification survey when the facility failed to accurately code the Minimum Data Set and failed to store, prepare and serve food in a way to promote sanitation in the kitchen. The Administrator was also the Quality Assurance (QA) Nurse for the facility. She was interviewed on 1/14/16 at 5:10 PM. She stated that her expectation for QA was to monitor the things that they had put in place.	F 520	Affected All residents have the potential to be affected by this alleged deficient practice. During the QA meeting on01/18/16 the Executive Director in-serviced the attendees on the Quality Assurance process to include identifying, correcting, and monitoring of any identified deficiency to assure compliance and quality are maintained. Systemic Changes The Regional Director of Clinical Services will re-educate the facility Quality Assurance Performance Improvement committee on 02/04/16 on the requirements of the committee related to identification of areas of opportunity, implementation of actions items to correct opportunities, ongoing monitoring to maintain implemented interventions. The Quality Assurance Performance Improvement committee will continue to meet on at the least, a monthly basis identifying new concerns as well as reviewing past identified concerns with updated interventions as required. The Regional Director of Clinical Services will attend a QAPI meeting monthly for 3 months for validation. Opportunities will be corrected as identified by the Executive Director and the Regional Director of Clinical Services. Quality Assurance The results of these reviews will be submitted to the QAPI Committee by the Executive Director for review by IDT members each month for 12 months. The QAPI Committee will evaluate the effectiveness and amend as needed.	

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