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

PRINTED 03/09/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345131	A. BUILDING ______ B. WING ______	C 02/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY CARE OF CLEMMONS	3905 CLEMMONS ROAD CLEMMONS, NC 27012

(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 No deficiencies were cited as aa result of this complaint investigation conducted Ext # ID EHB611 on dated 2/24/2016	F 000		
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 clean, dry, and store pots and pans under sanitary conditions and, the facility failed to properly store food items and properly clean 2 of 2 snack/nourishment refrigerators located on the units where the residents resided. Findings included 1. During the tour of the kitchen on 2/22/16 at 10 17am. Dietary Aide#1 was observed wearing plastic gloves and placing dirty pots and pans into the dishwashing machine. After seven pans were washed, rinsed and automatically exited the dishwashing machine. Dietary Aide#1 rinsed her gloved hands with the water sprayer used to remove food particles from dirty plates Dietary	F 371	THIS FACILITY'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW. (1) All Dietary Staff were re-educated on 2-22-2016 by the Certified Dietary Manager concerning the proper procedures to follow when cleaning, drying and storing pots and pans under sanitary conditions. All Dietary Staff were re-educated on 2-22-2016 on the facility's dishwasher policy which includes instructions that dishes must be air dried after being cleaned in the dishwasher and gloves must be changed in between all tasks. Any resident has the potential to be affected by this practice. All Dietary Staff were re-educated on 2-22-2016 by the Certified Dietary Manager concerning the proper procedures to follow when cleaning, drying and storing pots and pans under sanitary conditions. All Dietary Staff were re-educated on 2-22-2016 on the facility's dishwasher policy which includes instructions that dishes must be air dried after being cleaned in the dishwasher and gloves must be changed in between all tasks.	03/16/2016

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

TITLE Administrator (X6) DATE 3-16-16

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	Continued From page 1 Aide#1 then crossed over to the side of the dishwashing machine where the clean dishware exited the machine and removed seven clean pans from the dishwashing machine without discarding the soiled gloves and washing or sanitizing her hands. The dietary aide then picked up a hand towel that was lying on the counter and dried each of the pans and two pots with the same towel. Dietary Aide#1 stacked the seven pans and placed the pots and pans on the storage rack in the kitchen area. During interview on 2/22/16 at 10:25am, Dietary Aide#1 stated that once she put the dirty dishes through the dishwashing machine, she would rinse her gloved hands to remove any food debris then remove the clean dishware from the dishwashing machine. The dietary aide also revealed that she used a dishcloth to dry the pots and pans "because they're wet when they come out of the machine and can't be stacked on the rack wet". During an interview on 2/24/16 at 12:15pm, the Dietary Manager revealed there was no excuse for staff not washing hands before handling clean dishware. He also stated that pots, pans, and all dishware must be air dried or dried using single use towels. 2. During observations of the two snack/nourishment refrigerators located on the residential units on 2/22/16 at 5:53pm the following were observed: the Unit 2 refrigerator contained 2-unlabeled bottle of soda, 2-unlabeled bottled waters, 1-unlabeled/opened gallon of ice cream, 2-unlabeled packs of popsicles, 6-unlabeled freeze pops, 2-unlabeled styrofoam	F 371	Dietary staff is aware that failure to follow policy and procedure when cleaning, drying and storing pots, pans and dishes will result in disciplinary action. A Three Way Dietary Audit has been initiated to ensure deficient practice does not recur. A Three Way Dietary form has been created. This form will be completed three times weekly for two months, then two times weekly for 2 months, then weekly times one month and as needed by the Certified Dietary Manager/ Designee to make sure the proper dishwasher procedure is being followed per policy, gloves are being changed properly, and dishes are being air dried per policy. This Facility has a plan in place that will monitor the performance of this corrective action to ensure compliance is sustained. The Certified Dietary Manager/Designee, will do the Three Way Dietary Audit three times weekly for 2 months, then two times weekly for 2 months, then weekly for one month and as needed. Any discrepancies noted will be followed by reeducation with the dietary staff by the Certified Dietary Manager. The QA Committee will review weekly, the facility's progress towards implementation of corrective action(s) and the facility's performance to ensure that corrective performance is achieved and sustained. The QA Committee will review the facility's progress weekly for effectiveness and revise or develop new measures as necessary to ensure that corrective action is integrated and the system is sustained or revised as needed to achieve and maintain corrective solutions.	

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cups of ice and 1-unlabeled candy bar the Unit 3 refrigerator contained 1-unlabeled cup of frozen (fast food store) ice cream 1-unlabeled and open bag of blueberries and, 1-unlabeled styrofoam cup of ice. The floor area surrounding the Unit 3 refrigerator was littered with debris, such as plastic spoon and a small medicine cup. Also the inside of both refrigerators contained dried debris/stains (white red, and yellow)

During an interview on 2/22/16 at 6:00pm, the Dietary Manager revealed that the housekeeping staff were responsible for cleaning the Unit Nutrition refrigerators. He also indicated that some of the items observed in the refrigerators belonged to facility staff but the refrigerators were for the residents' use, only.

F 371

(2) All housekeeping staff were re-educated on 2-23, 2016 by the Housekeeping Supervisor on the proper procedures to follow to ensure that each refrigerator on each unit is cleaned on a daily basis.

Any resident has the potential to be affected by this practice.

All housekeeping staff were re-educated on 2-23-2016 by the Housekeeping Supervisor on the proper procedures to use to ensure that each refrigerator on each unit is cleaned on a daily basis. A refrigerator log has been created and will be inspected and maintained on a daily basis. This inspection includes making sure no items are in the refrigerator without proper labeling, that items are marked with a date and resident name and ensure that only food items are in the refrigerator on each unit. Housekeeping staff have been instructed that any items found that are not food, are stored without proper labeling or items that have been in the refrigerator more than one week must be reported to the Housekeeping Supervisor immediately.

Housekeeping staff is aware the refrigerator log must be completed on a daily basis. Housekeeping staff is aware that failure to inspect the refrigerators and complete the log will result in disciplinary action.

Measures have been put into place to ensure deficient practice does not recur.

All housekeeping staff were re-educated on 2-23-2016 by the Housekeeping Supervisor on the proper procedures to use to ensure that each refrigerator on each unit is cleaned on a daily basis. A refrigerator log has been created and will

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F 371	Continued From page 3	F371	be inspected and maintained on a daily basis. This inspection includes making sure no items are in the refrigerator without proper labeling, that items are marked with a date and resident name and ensure that only food items are in the refrigerator on each unit. Housekeeping staff have been instructed that any items found that are not food, are stored without proper labeling or items that have been in the refrigerator more than one week must be reported to the Housekeeping Supervisor immediately. Housekeeping staff is aware the refrigerator log must be completed on a daily basis. Housekeeping staff is aware that failure to inspect the refrigerators and complete the log will result in disciplinary action. A Refrigerator Audit has been created for the Housekeeping Supervisor, who will monitor the refrigerators on each unit to ensure they are clean and each food item includes a date and the resident's name along with making sure area around refrigerator is free from debris. Also Housekeeping Supervisor will make sure temperature is within normal range. The Housekeeping Supervisor will audit the refrigerator log on a weekly basis and as needed. QA will be responsible for making sure the current intervention plan is working or implement a new one if it is determined that the current intervention is not working These audits will also be reviewed by the QA Committee weekly to ensure that corrections are achieved and sustained.	

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F 372 SS=E	483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by Based on observations and interview the facility failed to dispose of garbage and refuse properly in 2 of 2 dumpsters. Findings included During a tour of the dumpster area on 2/22/16 at 2 45pm revealed trash and white pieces of paper around the area of the two dumpsters. There was an old mattress and a piece of what appeared to be brown paneling leaning against the side of	F 372	THIS FACILITY'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW. All Floor Tech/Housekeeping Staff have been re-educated on 2-24-16 by the Environmental Director concerning making sure dumpster 1 and dumpster 2 are free of debris on and around the area and ensuring the doors are closed. Any resident has the potential to be affected by this practice. All Floor Tech/Housekeeping Staff have been re-educated on 2-24-16 by the Environmental Director concerning making sure dumpster 1 and dumpster 2 are free of debris on and around the	03/16/2106

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F 372	Continued From page fence surrounding the dumpsters During a second observation on 2/24/16 at 11:50am, one of the doors to 1 of 2 dumpsters containing trash was left opened and a facility staff was observed leaving the area. Also, there were 12 plastic gloves and 2-plastic cup lids (from a fast food restaurant) observed on the wet ground (rainy day) surrounding both dumpsters. During an interview on 2/24/16 at 11:55am, the Dietary Manager revealed that the housekeeping and maintenance staff were responsible for checking the dumpster area for cleanliness.	F 372	area and ensuring the doors are closed. A Dumpster Audit has been initiated to ensure deficient practice does not recur. A Dumpster Audit log has been created. This form is completed three times weekly for two months, then two times weekly for two months, then weekly times one month and as needed by the Environmental Director to make sure dumpster 1 and dumpster 2 is free of debris on and around the area and ensuring the doors are closed. Measures have been put into place to ensure the deficient practice will not recur. A Dumpster Audit log has been created. This form is completed three times weekly for two months, then two times weekly for two months, then weekly times one month and as needed by the Environmental Director to make sure dumpster 1 and dumpster 2 is free of debris on and around the area and ensuring the doors are closed. The Environmental Director, will do the Dumpster Audit three times weekly for 2 months then, two times weekly for 2 months then, weekly for one month and as needed. Any discrepancies noted will be followed by reeducation with the housekeeping staff/floor tech by the Environmental Director. The QA Committee will review weekly, the facility's progress towards implementation of	

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F 372	Continued From page	F 372	corrective action(s) and the facility's performance to ensure that corrective performance is achieved and sustained. The QA Committee will review the facility's progress weekly for effectiveness and revise or develop new measures as necessary to ensure that corrective action is integrated and the system is sustained or revised as needed to achieve and maintain corrective solutions.	

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F 431 SS=E 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 controls, and permit only authorized personnel to have access to the keys

F 431 — Completion date: 03/16/2016

THIS FACILITY'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW.

ADDRESS HOW CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:

An audit was done on 3-11-16 to ensure all open medicine vials were labeled/dated, no expired medications were found on carts/refrigerators/drug storage rooms, med carts were cleaned, and medication refrigerators were within normal temperature range. No medications were found out of compliance.

All nurses were re-educated on 3-11-16 and 3-14-16 by the Director of Nursing concerning expired meds on carts/refrigerator/drug storage room, cleanliness of med carts, making sure opened

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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

This REQUIREMENT is not met as evidenced by:

Based on observations and staff interviews, the facility failed to: A) keep 1 of 2 medication storage rooms free from expired medications (medication room 300 Hall); B) ensure medication refrigerator was maintained in the proper temperature range in 1 of 2 medication storage refrigerators (300 Hall), C) keep 1 of 4 medication carts free of expired medications (Cart 300-B side); D) date 1 opened Novolog Insulin pen and 1 opened Levemir Insulin pen on 1 of 4 medication carts (Cart 300-B side), and E) keep 2 of 4 medication carts clean and orderly (Medication Cart for 200 Hall and Medication Carts for 300 A and B Halls).

Findings included:

A) An observation was made on 2/24/16 at 8:45 AM of the medication storage room for the 300 Hall. Inside a cabinet of stock medications was an opened bottle of Vitamin B-6 which revealed an expiration date of 8/15.

B) An observation of the medication storage refrigerator was made on 2/24/16 at 8:50 AM and the thermometer used to measure the internal temperature of the refrigerator was not functioning. The refrigerator contained

F 431 medicine vials are labeled/dated, and making sure medication refrigerators is within normal temperature range.

Any resident has the potential to be affected by this practice.

All nurses have been educated on 3-11-16 and 3-14-16 by the Director of Nursing concerning expired meds on carts/refrigerator/drug storage room, cleanliness of med carts, making sure opened medicine vials are labeled/dated, and making sure medication refrigerators is within normal temperature range.

There has been a four way med cart audit initiated to ensure deficient practice does not recur.

The Four Way Medication Audit form has been created. This form is completed weekly by the Unit Manager/ DON to make sure no expired medication is on the med cart, no expired medications are in the drug storage room, no expired medications in the refrigerator, no undated/un labeled vials, cleanliness of medication carts, and medications refrigerator is within normal temperature range.

A four way med cart audit has been initiated to ensure the deficient practice does not recur.

The Four Way Medication Audit has been created, this form is completed weekly by the Unit Manager/ DON to make sure no expired medication is on the med cart, no expired medications are in the drug storage room, no expired medications in the refrigerator, no undated/un labeled vials, cleanliness of medication carts, and medications refrigerator is within normal temperature range.

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F 431	Continued From page 5 medications which required refrigeration. An additional observation of the medication storage refrigerator was made on 2/25/16 at 8:23 AM and revealed an inoperable thermometer in the medication storage refrigerator for the 300 Hall. C) An observation was made on 2/24/16 at 9:00 AM of the medication cart used for residents on the 300 Hall-B side and revealed: The stock medication drawer contained 1 opened bottle of multi-vitamin with iron (250 tablets), with an 8/15 expiration date. The stock medication drawer also contained 1 opened bottle of fiber tablets (90 tablets), with a 1/16 expiration date. D) An observation was made on 2/24/16 at 9:00 AM of the medication cart used for residents on the 300 Hall-B side and revealed: 1 opened and undated Novolog insulin pen for a resident who resided on the 300 Hall-B side. The observation also revealed 1 opened and undated Levemir insulin pen for a resident who resided on the 300 Hall-B side. E) An observation was made of the medication cart for the 200 Hall on 2/24/15 at 11:00 AM and revealed loose, unpackaged medications in tablet and capsule form throughout the top drawer of the medication cart. The observation also revealed popped corn and a powdered substance resembling powdered medications throughout the top drawer. An observation was made on 2/24/15 at 11:15 AM of the medication cart for the 300 Hall-A side and revealed loose, unpackaged medications in tablet form throughout the medication cart, and a substance which resembled a powdered form of medication in the top drawer. There were also loose medication packets, not labeled with a resident name, in the top drawer. An interview with Nurse 3 (the nurse typically assigned to the 300-B side medication cart) on	F 431	The DON/Unit Manager, will do the Four Way Medication Audit on a weekly basis. Any discrepancies noted will be followed by re-education with the nurses by the Director of Nursing. The QA Committee will review weekly, the facility's progress towards implementation of corrective action(s) and the facility's performance to ensure that corrective performance is achieved and sustained. The QA Committee will review the facility's progress weekly for effectiveness and revise or develop new measures as necessary to ensure that corrective action is integrated and the system is sustained or revised as needed to achieve and maintain corrective solutions.	

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F 431	Continued From page 6 2/24/16 at 9:05 AM and revealed all opened medication should have a " date opened " date on it. Insulin pens expired 28 days after they were opened, but she could not state when the Novolog or Levemir pen expired related to " There ' s no date on either one. " An interview with Nurse 1 on 2/25/16 at 8:30 AM revealed she could not state the temperature of the 300 Hall medication refrigerator related to the thermometer was not functioning. An interview with Nurse 2 on 2/25/16 at 8:45 AM revealed night shift nurses were responsible for checking the refrigerator and freezer temperatures. She stated, " I meant to leave a space for the refrigerator because I saw the thermometer wasn ' t working. There shouldn ' t be 40 degrees written in the space for 2/25/16. I saw the refrigerator thermometer wasn ' t working and we are supposed to report it the maintenance. But I haven ' t done that. " An interview with the Director of Nursing (DON) on 2/25/16 at 9:00 AM revealed the facility expectation for medication storage was for medications to be stored properly, at the proper temperature, and in a clean and orderly manner. Any multi-use medication, such as insulin, were to be dated immediately upon being opened. She could not state why these things were not done	F 431		