

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/19/2016
NAME OF PROVIDER OR SUPPLIER DURHAM NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 411 S LASALLE STREET DURHAM, NC 27705		
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F 248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff and family interviews and record reviews, the facility failed to provide meaningful and on-going activities to meet the individualized need for 1 of 1 sampled resident (Resident #88). The findings included: Resident admitted on 2/5/14. The diagnoses included traumatic brain injury, aphasia, depression, anxiety, respiratory, diabetes and seizure disorder. The annual Minimum Data Set (MDS) dated 12/21/15 indicated Resident #88 required total assistance with all activities of daily living. The MDS indicated Resident#88 ' s ' s activity preference included group activities, music, outside, religious services, pet therapy and news events. The care plan conference held on 3/9/16, confirmed Resident#88 ' s activity preferences to be important and relevant to current life interests.</p> <p>During an observation on 5/16/16 9:30AM the activity in progress was current events, Resident #88 was seated in room not involved in any activities. The next activity schedule was at 10:30AM, music memory and Resident #88 remained in room unoccupied. The afternoon activity schedule at 2:30PM, was cash bingo, Resident #88 was in the room alone staring into</p>	F 248	<p>Resident #88 is being invited to activities</p> <p>All residents have the potential to be affected by this practice All residents will be assessed for activity of interest on admission and quarterly thereafter Resident care plans will be updated by 6/16/16 Activity and nursing staff will invite and encourage resident to participate in activities of choice daily.</p> <p>On 5/20/16 The Administrator conducted staff education for the Activity Director for responsibilities of the Activity Department and expectations that all residents will be invited and encouraged to attend activities of choice daily. On 5/24/16 the Staff Development Coordinator conducted staff education for all activity staff and nursing staff that all residents must be invited and encouraged to attend activities of their choice daily.</p> <p>Activity Assistants will document on the participation records and one on one participation record if the resident</p>	6/16/16	

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

TITLE

(X6) DATE

Electronically Signed

06/13/2016

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 248	<p>Continued From page 1</p> <p>space. The activity staff did not offer Resident #88 the opportunity to participate in the activity.</p> <p>During an observation on 5/17/16 at 9:30AM, the activity in progress was let ' s get physical activity. Resident #88 was in room with no form of activity involvement.</p> <p>During a family interview on 5/17/16 at 10:28:06 AM, the family stated Resident #88 needed more stimulation of activities of interest. The identified interest included exercise, stimulating games, walks music and group activities. The family member reported some of the activities that were post were not being done. The family felt like because they were present staff would walk by and not encourage or offer Resident #88 to participate in the activities.</p> <p>During an observation on 5/17/16 at 10:30AM, the activity in progress was noddle hockey Resident #88 was not offered the opportunity or encourage to participate in any of the activities. A family was present in the facility and staff did not come an offer resident participation in activities of the day .</p> <p>During an observation on 5/18/16 at 9:30AM, the scheduled activity was shake and groove and Resident #88 was seated at the nurse ' s station. Several staff passed by Resident#88 spoke with him and proceeded to the activity with other residents. Resident #88 was not offered or encouraged to participate. The next scheduled activity began at 10:30 AM, and Resident#88 remained seated in hall in front of nursing station and again staff acknowledged Resident#88 ' s presence, but did not offer or encourage resident to participate in the activity.</p>	F 248	<p>participated in the activity or not. This will be identified in writing by A for attend/participating and a R for refusal.</p> <p>Activity Director will monitor documentation of each resident participation record once a week for four weeks then once a month for accuracy. The results of the Activity QAPI Audit will be reported to the QAPI Committee on a monthly basis.</p>		

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F 248	Continued From page 2 During an interview on 5/18/16 at 3:05PM, the Activity Assistant indicated the expectation was for activity staff to go around and ask residents to participate in the activities. During an interview on 5/18/16 at 3:21PM, the Activity Director stated Resident#88 participated in 1:1 activities and group activities on a regular basis. The Activity Director reviewed Resident#88 ' s activity participation record for January 2016 through May 2016. The record revealed Resident#88 ' s level of participation in activities included 1 exercise and 1 music, February 1 spiritual and 1 1:1 visit, March 1(exercise/sport), 1 special event and 1 1:1 visit. April 1 pet visit and 1 music and May 1-19th were 2 1:1 visit. The Activity Director had no response as to why the resident was not offered any of the activities that were going on during the week. In addition, the 1:1 visit records were reviewed as well and they were blank for any individualized interest that were identified. During an interview on 5/18/16 at 4:16PM, the Acting Director of Nursing (ADON) indicated the expectation would be for the activity staff to offer residents the opportunity to participate in activities of interest. The staff were also expected to document what activity was offered and when the resident participated in the activity whether it was group or 1:1. The ADON reviewed the participation records for group and 1:1 activities and confirmed the documents were blank or had very little information. During an interview on 5/19/16 at 9:00AM, the Administrator indicated the expectation was to offer residents the opportunity to participate in	F 248			

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F 248	Continued From page 3 scheduled activities by activities of any other staff. Staff should also document when the activity took place and what they participated in and the response.	F 248			
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 observation, staff interview and record review, the facility failed to clean two meal plate warmers and small cooler, failed to complete the temperature log for the small cooler, failed to label three plastic bags of the corn flakes in the dry storage room, failed to provide an expiration date for one plastic can of vegetable oil as well as for 8 vanilla shake containers in the dry storage room. The findings included: 1a. On 5/16/16 at 9:25 AM, during the kitchen tour, there were two ready to use meal plate warmers, with clean plates inside, observed greasy with food debris inside. On 5/16/16 at 9:25 AM, during an interview, the Dietary Manager stated that the plate warmers needed to be cleaned after each meal. 1b. On 5/16/16 at 9:25 AM, during the kitchen	F 371	No resident was identified in this citation All residents could be affected by this practice. On 6/6/16 the food preparation and storage area were inspected to ensure that the deficient areas identified on the 5/19/16 recertification survey were in compliance. The plate warmer was immediately wiped down and plates rewashed. The small cooler was immediately cleaned. The temperature of the cooler was immediately checked to make sure temperature was correct. The temperature was checked for the items within the cooler. Items not properly labeled were disposed of. The dry storage room was inspected and items	6/16/16	

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F 371	Continued From page 4 tour, the small cooler was observed with dry food debris on the floor. The cooler was filled with trays of food for the next meal service. On 5/16/16 at 10:20AM, during the interview, the Dietary Manager indicated that he provided weekly and daily cleaning schedule for all the kitchen staff. He indicated that all of the kitchen employees were assigned to clean their working areas at the end of the shift and as needed. On 5/19/16 at 8:15 AM, during an interview, the administrator stated that her expectation was the staff to keep kitchen in clean sanitary condition. Record review of the kitchen cleaning schedule for May 2016 revealed daily and weekly kitchen cleaning assignments per shift. All of the assignments were posted in the kitchen. On 5/16/16 at 9:25 AM, during an interview, the Dietary Manager stated that the small cooler needed to be cleaned at the end of the shift and as needed. 2. On 5/16/16 at 9:35 AM, during the kitchen tour, the small cooler temperature log was observed with missing data for 8 days in May 2016 and completed last time three days ago. The temperature log had places that indicated the cooler temperature was to be taken twice a day, so there was a total of 16 temperatures that were blank. On 5/16/16 at 9:35 AM, during an interview, the Dietary Manager stated that the small cooler temperature log needed to be completed twice a day by kitchen staff at the end of each shift. 3a. On 5/16/16 at 9:40 AM, during the dry storage room observation, there were 3 plastic bags of corn flakes without labels. On 5/16/16 at 9:40 AM, during an interview, the Dietary Manager stated that all the plastic bags needed to be labeled by the person, who restocked the shelves.	F 371	not properly labeled, including the three plastic bags of corn flakes, one can of vegetable oil and eight vanilla shake containers were disposed of. On 6/6/16, All dietary staff were in-serviced on deficient areas identified on the 5/19/16 recertification survey. In-service education included properly sanitizing plate warmer immediately after each meal, cleaning the coolers, properly completing temperature logs each shift and properly dating and labeling items once they are removed from original package. The kitchen/Food Service Operation QAPI Monitor was implemented to include monitoring of deficient areas identified on the annual recertification survey on 5/19/16. The monitoring tools include identifying any issues with proper food preparation and storage, proper of plate warmer after each meal, cleaning the coolers, properly completing the temperature logs each shift and properly dating and labeling items once they are removed from it's original package. The Dietary Manager will complete the Kitchen/Food Service Operation QAPI Monitor too; daily. Results of the Kitchen/Food Service Operation QAPI Monitor tool will be reported to the QAPI Committee on a monthly basis for twelve months.		

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F 371	Continued From page 5 3b. On 5/16/16 at 9:40 AM, during the dry storage room observation, there were 8 vanilla shake containers without expiration dates. On 5/16/16 at 9:40 AM, during an interview, the Dietary Manager stated that vanilla shake containers needed to be labeled with expiration date. 3c. On 5/16/16 at 9:40 AM, during the dry storage room observation, there was one plastic can of vegetable oil without expiration date. On 5/16/16 at 9:40 AM, during an interview, the Dietary Manager stated that plastic can of vegetable oil needed to be labeled with expiration date.	F 371			
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 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.	F 520		6/16/16	

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F 520	<p>Continued From page 6</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observations, and staff interviews, the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor the interventions the committee put into place following the 7/9/15 recertification survey. The deficiency was in the area of food procurement/storage (F371). This deficiency was cited on 6/19/14, and 7/9/15 recertification surveys, and current recertification survey of 5/19/16. The continued failure of the facility during two federal surveys of record show a pattern of the facility's inability to sustain an effective QAA program. The findings included: This tag is cross referenced to: F371 Food Procurement/Storage: Based on observation, staff interview and record review, the facility failed to clean two meal plate warmers and small cooler, failed to complete the temperature log for the small cooler, failed to label 3 plastic bags of the corn flakes in the dry storage room, failed to provide expiration date for one plastic can of vegetable oil as well as for 8 vanilla shake containers in the dry storage room. During the recertification survey of 6/9/14 the facility was cited F371 for failing to clean and air dry cleaned glassware, sectional plates, scoop plates, coffee cups, insulated coffee pots, plastic water pitchers and adaptive equipment, to prevent food borne illness. During the recertification survey of 7/9/15 the</p>	F 520	<p>No resident was identified. All residents could be affected by this practice. The facility has a quality assurance committee that meets monthly that includes the Administrator, Director of Nursing, Business Office Manager, Dietary Manager, Admissions Coordinator, Dietician, Therapy Manager, Maintenance Director, Activity Director, Wound Nurse, Social Worker, MDS Coordinator. The Pharmacist attends quarterly. The facility meets to identify issues with respect to which quality assurance activities that are necessary Kitchen/Food Service Operation QAPI and develop and implement appropriate plans of action to correct identified quality deficiencies.</p> <p>On 6/6/16 the food preparation and storage areas were inspected to ensure that the deficient areas identified on the 5/19/16 recertification survey were in compliance. The plate warmer was immediately wiped down and plates rewashed. The small cooler was immediately cleaned. The temperate of the cooler was immediately checked to make sure temperature was correct. The temperature was checked for the items within the cooler. Items not properly</p>		

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F 520	Continued From page 7 facility was cited F371 for failing to: 1) ensuring that 1 of 1 walk in refrigerator was clean 2) remove the scoop, dried foods and liquids from the dry storage containers 3) clean the dried food debris from 6 clear preparation containers, 4) remove the grease and food from 12 serving table lids 5) separate dented cans from ready to use food items 5) failed to air dry 2 wet serving pans in 1 of 1 dry storage areas and 7) clean and remove the food debris and grease from hot plate cart. On 5/19/16 at 8:15 AM, during an interview, the Administrator indicated the QAA Committee consisted of the Medical Director, Director of Nursing, Assistant Director of Nursing, all the departments' heads and Pharmacy Consultant. She stated the committee met monthly. The administrator, also, stated that she was not working at the facility at the time of the previous recertification survey and was not aware food procurement/storage was a repeat deficiency.	F 520	labeled were disposed of. The dry storage room was inspected and items not properly labeled, including the 3 plastic bags of corn flakes, one can of vegetable oil, and 8 vanilla shake containers were disposed of. On 6/6/16 the food preparation and storage areas were inspected to ensure that deficient areas identified on the 7/9/15 recertification survey were in compliance. The inspection included ensuring that the walk in refrigerators are clean, scoops, dried food and liquids are cleaned & removed from dry storage containers; dry storage containers are clean & free of dried food debris; serving table lids are clean and free of grease and food; dented cans are separated from ready to use food items; serving pans are allowed to air dry; and the hot plate cart is clean and free of food debris and grease. On 6/6/16, All dietary staff were in-services on deficient areas identified on the 5/19/16 recertification survey. In-service education included properly sanitizing plate warmers immediately after each meal, cleaning the coolers, properly completing temperature logs each shift and properly dating and labeling items once they are removed from original package. All dietary staff will in-services on deficient areas identified on the 7/9/15 recertification survey by 6/16/16. The in-service education included proper food storage and sanitation with ensuring that		

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F 520	Continued From page 8	F 520	<p>the walk in refrigerators are clean, scoops, dried food and liquids are cleaned & removed from dry storage containers; dry storage containers are clean & free of dried food debris; serving table lids are clean and free of grease and food; dented cans are separated from ready to use food items; serving pans allowed to air dry; and the hot plate cart is clean and free of food debris and grease.</p> <p>All dietary staff will in-serviced on deficient areas identified on the 6/19/14 recertification survey by 6/16/16. The in-service education included proper food storage and sanitation with ensuring that all serving & glassware were clean & air dried, including glassware, sectional plates, scoop plates, coffee cups, insulated coffee pots, plastic water pitchers and adaptive equipment.</p> <p>The Administrator and Staff Development Coordinator will complete in-service education for all staff including Department Directors on the QAPI Process, QAPI Toolkit, Identification of Quality Improvement Opportunities, Sample Audit Calendar and QAPI Tools by 6/16/16.</p> <p>On 6/9/16 the Administrator and members of the QAPI Committee conducted an Ad Hoc Meeting to outline the facility's QAPI Audit Calendar with scheduled monthly, quarterly and annual audits. Each Department Director was given specific duties to collect individual QAPI Audits.</p>		

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F 520	Continued From page 9	F 520	<p>Dietary In-services will be conducted weekly for 2 months for continued education, after 2 months the in-service will be done monthly. The in-service topics will include deficient Food Preparation and Sanitation areas identified on annual recertification surveys in 2014, 2015 and 2016.</p> <p>The Kitchen/Food Service Operation QAPI Monitor was implemented to include monitoring of deficient areas identified on the 7/9/15 recertification survey. The monitoring tool includes identifying any issues with proper food preparation and storage including ensuring that the walk in refrigerators are clean; scoops, dried food and liquids are cleaned and removed from dry storage containers; dry storage containers are clean and free of dried food debris; serving table lids are clean and free of grease and food; dented cans are separated from ready to use food items; serving pans are allowed to air dry; and the hot plate cart is clean and free of food debris and grease.</p> <p>The Kitchen/Food Service Operation QAPI Monitor tool was implemented to include monitoring of deficient areas identified on the 6/19/14 recertification survey. The monitoring tool includes ensuring that all serving and glassware were cleaned and air dried, including glassware, sectional plates, scoop plates, coffee cups, insulated coffee pots, plastic water pitchers and adaptive equipment.</p> <p>The Dietary Manager will complete the</p>		

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F 520	Continued From page 10	F 520	Kitchen/Food Service Operation QAPI Monitor tool daily. Results of the Kitchen/Food Service QAPI Monitor tool will be reported to the QAPI Committee on a monthly basis for twelve months.		