

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345537	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/17/2016
NAME OF PROVIDER OR SUPPLIER SILVER STREAM HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2305 SILVER STREAM LANE WILMINGTON, NC 28401	
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F 241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to serve 1 of 2 meals in a manner and atmosphere which promoted the dignity of 7 of 8 sampled residents (Resident #36, #44, #53, #65, #81, #108, and #152) who were vocal about their supper dining experiences. Findings included:</p> <p>Review of the facility's Dinner Delivery Schedule revealed meal trays for the supper meals were to be delivered to the dining room at 6:05 PM.</p> <p>A dietary employee brought meal trays out of the kitchen at 6:23 PM on 11/13/16, and left them in the dining room where eight residents were waiting for their food. The dining room was dark with less than half of the lights turned on. Resident #36, #44, #53, #65, #81, #108, and #152 (the minimum data sets of all of these residents documented their cognition was intact and they required at least set-up of their meals by staff, and staff verified they were interviewable) stated they enjoyed socialization in the dining room at meals. They reported it was nice to get a break from being in their rooms most of the day. These residents commented the lunch meal was well organized and ran smoothly for those who chose to eat in the dining room. However, they complained that it was an on-going problem</p>	F 241	<ol style="list-style-type: none"> On 11/13/16 the Certified Nurse Aide offered to heat any of the resident's food that was in the dining room and then the meal was served. On 11/14/16 the Certified Nurse Aide assigned to the dining room for the evening meal was noted on the assignment sheet and the DON/ADON validated their presence in the Dining Room. Other residents who eat in the dining room have the potential to be effected by the same alleged deficient practice. On 12/5/16 an ADHOC Resident Council Meeting was conducted by the Administrator, Director of Nursing and Activity Director. Resident #63, #44, #108, and #36 were present in addition to the other residents who eat in the dining room for dinner. The topic of the meeting was to discuss ideas on how to make the dinner meal service in the dining room effective so they receive their dinner in a timely and dignified manner. The residents present in the meeting all were in agreement of the following changes to the current process for evening meal service. Systemic measures implemented to 	12/15/16

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

TITLE

(X6) DATE

Electronically Signed

12/07/2016

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 241	<p>Continued From page 1</p> <p>getting staff to pass the supper trays in the dining room, and this problem contributed to less residents eating supper there. They stated at supper the staff did not seem too interested in serving them in the dining room, and the atmosphere was not very welcoming. They commented staff treated them as if they would rather not bother with them, and it would be easier if they just ate in their own rooms.</p> <p>Resident care specialist (RCS) #1 came through the dining room at 6:40 PM to get a resident on her hall more beverage. She noticed the meal trays sitting in the dining room, and commented that even though she did not think she was assigned to supper dining room duty, she would return to pass the trays out after attending to her residents eating in their rooms.</p> <p>At 6:43 PM on 11/13/16 RCS #1 began to remove meal trays from an open air cart (not enclosed) and distribute them twenty minutes after they arrived in the dining room.</p> <p>At 6:45 PM on 11/13/16 Resident #44 (her 08/22/16 quarterly minimum data set documented her cognition was intact) asked for some tomato sauce to go on her noodles and meatballs. She reported she could not eat her supper without it because it was too dry. At this time RCS #1 advised the resident she would have to get permission to provide the tomato sauce since she (the resident) was on a renal diet.</p> <p>At 6:48 PM on 11/13/16 Resident #152 (her 09/01/16 annual minimum data set documented her cognition was intact) warmed her food in the microwave, stating that it was only room temperature when she received it. The other</p>	F 241	<p>ensure the same alleged deficient practice does not recur include: On 12/6/16 the Director of Nursing and/or Assistant Director of Nursing began in-servicing facility staff related to Dignity/Respect and the process for what staff member will be accountable for being in the dining room for the evening meal. The Certified Nurse Aide assigned to the 300 rehabilitation hall will be accountable for the dining room service during the evening meal. This will be noted on the daily assignment sheet. The Unit Manager or Charge Nurse on the 300 rehabilitation hall will initial the assignment sheet to validate the Certified Nurse Assistant is in the dining room at the beginning of the evening meal service daily. The dining room will receive the first meal trays for the evening meal. When the meal is ready the dietary staff will announce overhead that the evening meal is about to be served in the dining room. The other meal service and cart delivery will also be announced accordingly. The meal cart will be received by the Certified Nurse Aide assigned in the dining room and the meal will be served to the residents in a dignified manner.</p> <p>4. Audits will be conducted by the Director of Nursing, Assistant Director of Nursing, Administrator or assigned Department Manager to validate the timely presence of the Certified Nurse Aide in the dining room and that the assignment sheet is initialed by the Unit Manager or the Charge Nurse. The audits will be conducted daily times 2 weeks and</p>		

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F 241	<p>Continued From page 2</p> <p>residents reported it was getting too late to worry about reheating their food, and they would just eat it as it was. They commented it did not take spaghetti with meatballs long to get cold when you had to wait more than 15 minutes to distribute it. The residents stated that three of them had blood sugar problems, and eating this late at the supper meal did not help with their blood sugar control.</p> <p>At 6:50 PM on 11/13/16 Resident #81 (her 09/13/16 quarterly minimum data set documented her cognition was intact) received the assistance she had been requesting since 06:46 PM with opening her salad dressing. She reported she had thyroid problems, and eating this late was not good for her health.</p> <p>At 6:58 PM on 11/13/16 Resident #44 received some tomato sauce to pour over her noodles and meatballs. She was the last resident to begin eating her supper meal. She commented that she was glad to get the sauce, but most everyone else seated at her dinner table was close to finishing their supper.</p> <p>At 3:53 PM on 11/13/16 a dietary employee, who was working the supper meal on 11/13/16, stated at the supper meal residents eating in the dining room were the last to receive their trays. She reported it had been an ongoing problem to get a RCS to pass the supper trays in the dining room, and there were times when dietary ended up calling the halls trying to recruit a RCS to help. She commented sometimes dietary employees ended up passing the supper trays because it took so long for a RCS to make it to the dining room. According to the dietary employee, she thought the best policy might be if there was not a</p>	F 241	<p>weekly times 2 weeks and then monthly for 2 months. Negative findings will be addressed when noted. The results of the audits will be reviewed weekly times 4 weeks and monthly times 2 months by the Interdisciplinary Team. The results of all audits will be reviewed monthly during the Quality Assurance Performance Improvement meeting times 3 months. The Committee will monitor for negative patterns/trends and determine if additional interventions need to be developed and implemented to maintain substantial compliance.</p>		

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F 241	Continued From page 3 RCS present in the dining room when supper trays were brought out from the kitchen then the dietary department should distribute them. At 4:10 PM on 11/13/16 RCS #6 reviewed staff assignment sheets for the last week, and stated there was no RCS designated on the sheets for supper tray distribution in the dining room. She reported each evening the RCS staff just discussed among themselves who had more time to pass the dining room trays after residents on the halls were taken care of.	F 241			
F 371 SS=F	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 and staff interview the facility failed to store food at the appropriate temperature in a reach-in refrigerator, failed to cover tea and bread to prevent contamination, failed to discard cookware with scratched non-stick coatings, failed to discard foods past their use-by dates, failed to keep utensil drawers free of food crumbs, and failed to label and date opened and repackaged food items. Findings included:	F 371	1. The food products in the reach in cooler were discarded on 11/13/16. The cooler remained empty until 11/14/16 when it was taken out of service by the Dietary Manager. The Dietary Manager discarded all compromised kitchenware on 11/15/16. On 11/15/16 the Dietary Manager educated the Dietary Staff regarding compromised kitchenware. Out-dated and unlabeled food products to	12/15/16	

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F 371	Continued From page 4 1. An initial tour of the kitchen began on 11/13/16 at 5:20 PM. At 5:23 PM on 11/13/16 a reach-in refrigerator containing eight cartons of thickened liquids, tossed salads for the supper meal, and five dessert cups of pureed fruit registered 56 degrees Fahrenheit on the thermometer inside. The containers of the foods/beverages felt just slightly above room temperature. At 5:50 PM on 11/13/16 the supper trayline was in operation. A dietary employee stated there were four more carts left to go out to halls and the dining room. The thermometer inside the reach-in refrigerator registered 58 degrees Fahrenheit, and the refrigerator still contained pureed fruit, tossed salads, and thickened liquids. At 6:55 PM on 11/16/16 the supper trayline had ceased operation. The thermometer inside the reach-in refrigerator registered 62 degrees Fahrenheit, and the refrigerator still contained pureed fruit, tossed salads, and thickened liquids. The containers of foods/beverages felt like they were at room temperature when touched. At 3:25 PM on 11/16/16 the Dietary Manager (DM) stated the temperature of refrigerated storage units should be 40 degrees Fahrenheit or less for safe storage of foods. He reported continued storage of food above this temperature could result in spoilage with possible bacterial and mold formation. At 3:53 PM on 11/16/16 a dietary employee stated when staff found refrigerated storage units registering temperatures in the 50s and 60s they	F 371	include soup, 5# bag of shredded cheese, croutons, pancake mix, BBQ sauce, sour cream, whole milk, sausage links, frozen tater tots, cookie dough, corn dogs, peanut butter, bread crumbs, fudge icing, spaghetti, rotinni, potato pearls, and green beans were discarded by Dietary Manager on either 11/14/16 or 11/16/16. 2. Current residents have the potential to be effected by the same alleged deficient practice. A new reach in cooler was ordered 12/5/16. The reach in cooler in use on 11/13/16 was taken out of service on 11/14/16 by the Dietary Manager. New Cookware was purchased on 11/29/16. Dietary Manager in-serviced current Dietary employees regarding the monitoring of cooler/freezer temperatures, the labeling, dating and discarding of food products, the covering of beverages and bread products, the cleaning of utensil drawers and placing opened food container contents into a sealable container on 11/14/16 thru 11/17/16. The Dietary Manager and Administrator conducted a follow-up training with the Dietary Staff on 12/5/16. 3. Systemic measures implemented to ensure the same alleged deficient practice does not recur include: The Dietary Manager or Cook will perform and document on the Daily Review Log kitchen audits each shift to ensure cooler/freezer temperatures are being recorded and are within the acceptable range, cookware is in good repair,		

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F 371	<p>Continued From page 5</p> <p>were to remove the food stored in them, and notify the DM or maintenance department. She reported the tossed salads, pureed fruit, and thickened liquids should not have been in the refrigerated storage unit on 11/13/16 at the supper meal. She commented there had been multiple problems and repairs made to this same reach-in refrigerator in the past.</p> <p>2. An initial tour of the kitchen began on 11/13/16 at 5:20 PM. A plastic pitcher of tea was observed on the beverage preparation counter without a lid. A tray pan of sliced loaf bread was sitting on the trayline ledge. 1/4 of the traypan contained bread slices in plastic sleeves, while the rest was not covered and exposed to contamination.</p> <p>At 5:32 PM on 11/13/16 a fly was observed lighting on kitchen surfaces around the trayline.</p> <p>At 5:50 PM on 11/13/16 the supper trayline was in operation. A dietary employee stated there were four more carts left to go out to halls and the dining room. The plastic pitcher of tea was still without a lid in the kitchen, and the sliced bread left in the tray pan on the trayline was uncovered.</p> <p>Between 9:05 AM and 10:10 AM on 11/16/16 a canister of brewed tea was left without a lid on it.</p> <p>At 3:25 PM on 11/16/16 the Dietary Manager (DM) stated bread should be placed in plastic sleeves or covered with parchment paper and tea canisters and pitchers should be covered with lids to prevent contamination from insects and possible pollutants in the air. He reported if the bread and tea were not hot enough, and flies/gnats landed on or in them, then there was a possibility of bacterial contamination.</p>	F 371	<p>beverages and bread products are covered, food products are labeled and dated as well as out-dated products being discarded, utensil drawers are clean and without debris and opened food products are in a sealed container. The Dietary Manager and/or Cook will correct negative finding if noted during the daily audits. The Administrator and Dietary District Manager will also conduct kitchen audits monthly for 3 months.</p> <p>4. The results of the daily kitchen audits will be reviewed by the Interdisciplinary Team weekly times four weeks. Negative patterns/trends will be addressed if/when noted. The Quality Assurance Performance Improvement Committee will review the results of audits during the monthly Quality Assurance Performance Improvement meeting times 3 months. The Committee will monitor for negative patterns/trends and determine if additional interventions need to be developed and implemented to maintain substantial compliance.</p>		

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F 371	<p>Continued From page 6</p> <p>At 3:53 PM on 11/16/16 a dietary employee stated tea, once brewed, should be covered with a lid and breads covered with plastic wrap or foil to prevent possible contamination from flies and gnats.</p> <p>3. During the initial tour of the kitchen, beginning at 5:20 PM on 11/13/16, 2 of 3 small fry/saute pans had non-stick coating which was scratched and sloughing off.</p> <p>At 3:25 PM on 11/16/16 the Dietary Manager (DM) stated compromised kitchenware that was scratched, chipped, or cracked was supposed to be pulled by staff, brought to him, and disposed of and re-ordered. He stated the coating from the saute pans, once scratched, had the potential of getting in resident food and making them sick.</p> <p>At 3:53 PM on 11/16/16 a dietary employee stated during in-servicing the DM told the dietary staff to pull all kitchenware compromised by scratches, chips, and cracks, and inform the DM of what items and how many items had to be thrown away.</p> <p>4. During the initial tour of the kitchen, beginning at 5:20 PM on 11/13/16 (Sunday), four gallons of vitamin D whole milk with a use-by date of 11/09/16 (Wednesday) were found in the milk cooler. 1 of 4 gallon containers were opened. Storage containers of sausage links dated 11/09/16 and chicken salad dated 11/09/16 were found in a reach-in refrigerator. Two five-pound containers of sour cream with a use-by date of 11/09/16 were found in another reach-in refrigerator. 1 of 2 containers were opened.</p>	F 371			

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F 371	<p>Continued From page 7</p> <p>During a follow-up tour of the kitchen, beginning at 9:05 AM on 11/16/16, an unopened five-pound container of sour cream with a use-by date of 11/09/16 was found in a reach-in refrigerator.</p> <p>At 3:25 PM on 11/16/16 the Dietary Manager (DM) stated the facility was not supposed to keep leftovers, and the facility did not use food items which were past their use-by date. He reported the dairy representative visited the facility on Wednesdays and Fridays to remove milk that was past its use-by date and replace it with fresh product.</p> <p>At 3:53 PM on 11/16/16 a dietary employee stated the facility did not keep food items past their use by date. She explained the facility did not want to take the chance that these food items were spoiled and could make residents sick. She reported after 1 - 2 days the facility was supposed to dispose of any leftovers which had not been used up.</p> <p>5. During the initial tour of the kitchen, beginning at 5:20 PM on 11/13/16, 1 of 2 utensil drawers had a lot of food crumbs inside where utensils were being stored.</p> <p>At 3:25 PM on 11/16/16 the Dietary Manager (DM) stated utensil drawers were supposed to be kept clean and free from food debris which could cause cross-contamination.</p> <p>At 3:53 PM on 11/16/16 a dietary employee stated utensil drawers should be clean so the utensils would not be contaminated and then be used in foods that were served to residents.</p> <p>6. During the initial tour of the kitchen, beginning</p>	F 371			

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

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F 371	<p>Continued From page 8</p> <p>at 5:20 PM on 11/13/16, a storage container of soup found in a reach-in refrigerator did not have a label and date on it. Also in reach-in refrigerators a five-pound bag of shredded cheese and a gallon container of barbecue sauce were found opened but without labels and dates. A box of top round beef in the bottom of a reach-in refrigerator was without a label and date to indicate when it was placed in storage. In a reach-in freezer bags which were opened and the boxes containing tater tots, cookie dough, and corn dogs were without labels and dates. On a storage shelf above the one-compartment sink a bag of bread crumbs, croutons in a storage bag, a 24-ounce bag of crispy fried onions, and a 57-ounce carton of potato pearls which were opened or removed from original packaging were without labels and dates. In the dry storage room a five-pound box of pancake mix, a 160-ounce bag of spaghetti noodles, a 160-ounce bag of tri-color rotini noodles, an 11-pound tub of fudge icing, and a five-pound tub of peanut butter were opened without labels and dates.</p> <p>During a follow-up tour of the kitchen, beginning at 9:05 AM on 11/16/16, a gallon container of barbecue sauce in a reach-in refrigerator, a bag of bread crumbs on a storage shelf, and a 40-ounce bag of green beans in the reach-in freezer were found opened but without labels and dates.</p> <p>At 3:25 PM on 11/16/16 the Dietary Manager (DM) stated any dietary employee who opened food items or removed them from their original packaging was responsible for labeling and dating them. He reported he was without an assistant, but he tried to monitor storage areas daily to make sure food labeling/dating was being</p>	F 371			

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F 371	Continued From page 9 done. He commented labeling and dating helped ensure that the older foods were used up first before their use or best-by dates and before newer, fresher foods were opened. At 3:53 PM on 11/16/16 a dietary employee stated the cooks and dietary aides were responsible for making sure that leftovers, opened food items, and food items removed from their original packaging were labeled and dated to ensure the best quality of food was provided to residents.	F 371		