

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345091	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/16/2017
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NAME OF PROVIDER OR SUPPLIER EDGEWOOD PLACE AT THE VILLAGE AT BROOKWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 1820 BROOKWOOD AVENUE BURLINGTON, NC 27215
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(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
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F 371 SS=E	<p>FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY CFR(s): 483.60(i)(1)-(3)</p> <p>(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observation, policy review and staff interviews, the facility failed to label food including the use-by date and discard expired food from two of two reach-in refrigerators and two of four nourishment refrigerators. Findings included: The "Date and Label Policy and Procedure" dated 12/05/16 and signed by the Kitchen Manager included the following two excerpted statements:</p>	F 371	<p>The facility corrected the specific deficiency cited for failure to label food, including the use-by-date, and discard expired food by immediately discarding all unlabeled or expired food in all facility refrigerators by 11/15/17.</p> <p>The correction for the specific deficiency cited will begin with in-service education with all dietary staff regarding the proper</p>	12/12/17
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/08/2017
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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	<p>Continued From page 1</p> <ul style="list-style-type: none"> · "Every food item had has been opened must be relabeled with an ' Opened on Date, ' ' Expires On Date, ' ' Employee Name, ' and ' Item. ' " · All food items that have been prepped must be labeled with ' Opened on Date, ' ' Expires On Date, ' ' Employee Name, ' and ' Item. ' " <p>1a. An observation of reach-in refrigerator #1 on 11/13/17 at 10:00 a.m. revealed the following expired items with hand-written labels: pesto with a preparation date of 11/06/17 to be used within five days, preserved limes dated 02/12/17 to be used by 05/12/17, Parmesan cheese wedges dated 10/04/17 to be used within 30 days, red wine glaze dated 08/24/17 with no use-by date, balsamic glaze dated 09/12/17 to be used within 30 days, a second container of balsamic glaze dated 05/31/17 to be used within 30 days, red salsa dated 09/28/17 to be used within five days, and roast beef dated 11/07/17 to be used within three days. Items were discarded by the Kitchen Manager.</p> <p>b. An observation of reach-in refrigerator #2 on 11/13/17 at 10:15 a.m. revealed the following expired items with hand-written labels: sugar-free pudding dated 11/07/17 to be used by 11/10/17, fruit cocktail dated 11/05/17 to be used by 11/10/17, fresh parsley dated 11/08/17 to be used by 11/09/17, and strawberries in a commercially labeled container with a handwritten date of 11/03/17 to be used by 11/11/17. An opened commercial container of cottage cheese was present with no labeling of date of opening or use-by date. Items were discarded by the Kitchen Manager.</p>	F 371	<p>procedure for labeling of refrigerated foods, which includes the use-by-date and discard/expiration date. In-service will be completed by 12/12/17 by the Director of Dining Service and/or Dining Supervisors. Any staff not available for in-service by 12/12/17 will be in-serviced before the start of their next shift.</p> <p>The monitoring procedure to ensure that the specific deficiency is corrected will be accomplished by dietary staff members auditing each facility refrigerator for use-by-dates and/or discard/expiration dates at a minimum of three times per week. Dietary staff will discard any unlabeled/expired food during each audit and document that the audit was completed. A "refrigerator audit log" will be posted on each facility refrigerator for dietary staff to complete during each individual audit. The Director of Dining Services and/or Dining Supervisors will spot check each facility refrigerator log at least weekly and maintain a binder of all completed audit logs. This auditing process will be implemented no later than 12/12/17. All audits will be reported to the monthly Quality Assurance and Performance Improvement meeting.</p> <p>The Director of Dining Services will be responsible for implementing the acceptable plan of correction.</p>		

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F 371	<p>Continued From page 2</p> <p>In an interview on 11/13/17 at 10:40 a.m., Dietary Aide #1 confirmed that she was one of two staff members assigned the task of removing expired items from the reach-in refrigerators. She stated her awareness of the food labeling policy. The aide indicated that she checked food items daily for expiration dates as she removed them for use. She did not set aside a specific time during the day to do a full inspection of each food in the refrigerators.</p> <p>In an interview on 11/15/17 at 12:15 p.m., the Kitchen Manager stated that dietary staff were trained upon hiring and as needed on dating and labeling of food items. The "Date and Label Policy and Procedure 12/05/16" was posted in the kitchen. He indicated that the task of discarding expired items was assigned daily. He shared his expectation that pre-packaged foods were labeled with date of opening and expiration dates, and that expired prepared or commercial foods were removed from the refrigerator and discarded.</p> <p>2a. An observation of the Dogwood unit nourishment room refrigerator on 11/16/17 at 11:45 a.m. revealed an unopened container of yogurt with no name or date and a vacuum-sealed package of coffee with no name or date. Also present was a plastic container labeled "candy" with pieces resembling fudge labeled with a resident name and date of "06/05." The use-by date was blank.</p> <p>In an interview on 11/16/17 at 11:50 a.m., Nurse #1 stated that food items should be labeled with name and date and should be used within three days or discarded. She removed the items from the refrigerator.</p>	F 371			

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F 371	Continued From page 3 b. An observation of the Rose unit nourishment room refrigerator on 11/16/17 at 12:00 p.m. revealed a vacuum-sealed package of coffee with no name or date. In an interview on 11/16/17 at 12:10 p.m., Nurse #2 acknowledged the unlabeled item and removed it from the refrigerator. She indicated that items need to be labeled with name, date received and use-by date. In an interview on 11/16/17 at 1:35 p.m., the Director of Nursing stated it was the responsibility of unit staff who use the refrigerators to ensure that foods brought in from outside the facility are properly labeled. She indicated the policy was posted in each nourishment room. She shared her expectation that foods were labeled with resident name and date and that items were discarded if the expiration date has passed.	F 371			
F 520 SS=E	QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS CFR(s): 483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) (g) Quality assessment and assurance. (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other	F 520		12/12/17	

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F 520	<p>Continued From page 4</p> <p>individual in a leadership role; and</p> <p>(g)(2) The quality assessment and assurance committee must :</p> <p>(i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and</p> <p>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;</p> <p>(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>(i) Sanctions. 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 observations and staff interviews, the facility's Quality Assessment and Assurance (QA & A) Committee failed to prevent the recurrence of deficient practice related to the labeling and storage of food resulting in a repeat deficiency at F371. The citing of F371 during the previous federal survey showed the facility ' s inability to maintain an effective quality assurance (QA) program.</p> <p>Findings Included:</p>	F 520	<p>The facility corrected the specific deficiency cited for failure to label food, including the use-by-date, and discard expired food by immediately discarding all unlabeled or expired food in all facility refrigerators by 11/15/17.</p> <p>The correction for the specific deficiency cited will begin with in-service education with all dietary staff regarding the proper procedure for labeling of refrigerated foods, which includes the use-by-date and</p>		

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F 520	<p>Continued From page 5</p> <p>This tag is cross referenced to F 371. Based on observation, policy review and staff interviews, the facility had failed to properly label food including the use-by date and discard expired food from two of two reach-in refrigerators and two of four nourishment refrigerators.</p> <p>A review of the facility ' s survey history revealed that F371 was cited during the facility ' s 12/08/16 annual recertification survey and then re-cited during the current 11/16/17 annual recertification survey. In the 2016 survey the facility had improperly stored boxes and cans of supplements in the walk-in refrigerator on the floor underneath thawing meat.</p> <p>In an interview on 11/16/17 at 2:30 p.m., the Administrator stated that the facility had a Quality Assurance and Performance Improvement (QAPI) program in place. He indicated that the QA & A Committee consisted of individuals in the following roles: Administrator, Director of Nursing, Minimum Data Set (MDS) Coordinator, Medical Director, Business Office Manager, Dietary Manager, Admissions Coordinator and all department heads. He shared his expectation that staff properly label food and promptly discard expired items. He further stated that the Dietary Manager and kitchen supervisors should monitor staff members daily to ensure these tasks are being done.</p>	F 520	<p>discard/expiration date. In-service will be completed by 12/12/17 by the Director of Dining Service and/or Dining Supervisors. Any staff not available for in-service by 12/12/17 will be in-serviced before the start of their next shift.</p> <p>The monitoring procedure to ensure that the specific deficiency is corrected will be accomplished by dietary staff members auditing each facility refrigerator for use-by-dates and/or discard/expiration dates at a minimum of three times per week. Dietary staff will discard any unlabeled/expired food during each audit and document that the audit was completed. A "refrigerator audit log" will be posted on each facility refrigerator for dietary staff to complete during each individual audit. The Director of Dining Services and/or Dining Supervisors will spot check each facility refrigerator log at least weekly and maintain a binder of all completed audit logs. This auditing process will be implemented no later than 12/12/17. All audits will be reported to the monthly Quality Assurance and Performance Improvement meeting.</p> <p>The Director of Dining Services will be responsible for implementing the acceptable plan of correction.</p>		