

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2018</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>
--	---

(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 a result of the complaint investigation survey for Event #THU411 conducted on 02/22/18.	F 000		
F 812 SS=E	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, policy review and staff interview, the facility failed to clean and maintain kitchen equipment, clean meal carts, clean pots and pans appropriately, use dish sanitizer at manufacture recommended levels, maintain dishwasher temperatures and clean the kitchen floor.</p> <p>The findings included:</p>	F 812	<p>Jacob's Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance.</p>	3/22/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>03/16/2018</b>
--	-------	--------------------------------

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 812	<p>Continued From page 1</p> <p>1a. An observation of the kitchen on 2/19/18 at 10:00 AM, revealed a double oven and steam hold box (holds food temperature after food was cooked) with a large amount of dried foods, dried liquids and heavy buildup of grease encrusted on the inside and outside.</p> <p>During interview on 2/19/18 at 10:15 AM, the Dietary Aide (DA) #1 stated she was new employee and was unaware of what the expectation was for the cleaning process for the kitchen or the equipment. DA #1 indicated the equipment was wiped down as they went along. DA#1 acknowledged the condition of the kitchen equipment. She further stated she was unaware of the deep cleaning schedule.</p> <p>During an interview on 2/19/ at 10:33 AM, DA#2 stated that the dietary manager (DM) had been gone about a week, but there was no consistent schedule in place for several months on the cleaning process. She stated she was uncertain of when the kitchen equipment had been deep cleaned last. The DM did not put out the schedule on a regular basis, therefore, staff would wipe down things as much as possible.</p> <p>During an interview on 2/19/18 at 10:45 AM, Cook #1 stated deep cleaning of the kitchen equipment had not been done for several months. In addition there had not been a cleaning schedule since before the holidays. Staff basically wipe things down as they went along. She indicted she was unaware of who was responsible for deep cleaning, stoves, ovens, carts etc.</p> <p>An observation on 2/21/18 at 11:39 AM, revealed the steam hold box had not been cleaned and the double oven remained un-cleaned.</p>	F 812	<p>Jacob's Creek Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, JCNRC reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F812 Food Procurement, Store/Prepare/Serve-Sanitary</p> <p>The plan of correcting the specific deficiency</p> <p>The position of Jacob's Creek Nursing and Rehabilitation Center regarding the process that lead to this deficiency; the facility did not clean and maintain kitchen equipment, clean meal carts, clean pots and pans appropriately, use dish sanitizer at manufacture recommended levels, maintain dish washer temperatures and clean the kitchen floor. Facility supervisor/cooks did not ensure the dietary staff completed cleaning assignments as required on 2/18/18 and 2/20/18. Facility supervisor/cooks did not ensure that the 3 compartment sink had adequate dish sanitizer in place on 2/19/18 and 2/21/18. Facility supervisor/cooks did not ensure dish machine and 3 compartment sink temperatures were maintained on 2/19/18</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 812	<p>Continued From page 2</p> <p>b. An observation of the four burner stove and oven on 2/21/18 at 11:39 AM, revealed a large amount of burnt food particles, brown/black matter and heavy buildup of grease inside each of the burners and encrusted inside the oven. The stove had dried food and liquid dripping on the fronts and sides.</p> <p>During an interview on 2/19/ at 10:33 AM, DA#2 stated that the dietary manager had been gone about a week, but there was no consistent schedule in place for several months on the cleaning process. She stated she was uncertain of when the kitchen equipment had been deep cleaned last. The DM did not put out the schedule on a regular basis, therefore, staff would wipe down things as much as possible.</p> <p>An observation of the oven on 2/21/18 at 11:39 AM, the oven of the stove had not been cleaned. During an interview on 2/19/18 at 10:45 AM, Cook #1 stated deep cleaning of the kitchen equipment had not been done for several months. In addition there had not been a cleaning schedule since before the holidays. Staff basically wipe things down as they went along. She indicted she was unaware of who was responsible for deep cleaning, stoves, ovens, carts etc.</p> <p>c. An observation of the six compartment steam table and food prep table revealed dried foods and liquids and dried matter encrusted in the six lids. Inside the six compartments were left over food and paper products in standing water. The inside of the compartment had a large amount of encrusted rusty brown and black matter on the walls of the compartment and floating in the water. The entire steam table also had encrusted</p>	F 812	<p>and 2/21/18.</p> <p>Jacob's Creek Nursing and Rehabilitation Center's plan for correcting the deficiency is to ensure that kitchen equipment is maintained and clean, meal carts are clean, pots and pans are clean, kitchen floor is clean, dish sanitizer is present at manufacturers recommended levels and dish machine temperatures/3 compartment sink temperatures are maintained to ensure food is stored, prepared, distributed and served in accordance with professional standards for food service safety.</p> <p>Facility is in process of hiring Dietary Manager for the Dietary Department.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited</p> <p>On 2/21/18, dietary staff and administrative staff including Administrator, DON, Housekeeping Supervisor, Administrative CNA, MDS Nurse and Administrative Assistant cleaned kitchen equipment, meal carts, pots and pans and kitchen floor. On 2/21/18 Administrative Assistant 2 replaced dish sanitizer. On 2/21/18, the Administrator checked the dish machine for appropriate temperature to ensure appropriate temperature achieved and maintained. Temperature was 160 degrees during the wash cycle and 180 degrees during the rinse cycle.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 812	<p>Continued From page 3</p> <p>brown and black matter on the surface of the table and underneath where clean dishes were stored. The prep table had dried foods, crumbs and liquids on the surfaces and underneath where other dried foods and clean dishes were stored.</p> <p>During interview on 2/19/18 at 10:15 AM, the Dietary Aide (DA) #1 stated she was new employee and was unaware of what the expectation was for the cleaning process for the kitchen or the equipment. DA #1 indicated the equipment was wiped down as they went along. DA#1 acknowledged the condition of the kitchen equipment. She further stated she was unaware of the deep cleaning schedule.</p> <p>During an interview on 2/19/ at 10:33 AM, DA#2 stated that the dietary manager had been gone about a week, but there was no consistent schedule in place for several months on the cleaning process. She stated she was uncertain of when the kitchen equipment had been deep cleaned last. The DM did not put out the schedule on a regular basis, therefore, staff would wipe down things as much as possible.</p> <p>During an interview on 2/19/18 at 10:45 AM, Cook #1 stated deep cleaning of the kitchen equipment had not been done for several months. In addition there had not been a cleaning schedule since before holidays. Staff basically wipe things down as they went along. She indicted she was unaware of who was responsible for deep cleaning, stoves, ovens, carts etc.</p> <p>d. An observation of the coffee and tea machine revealed dried foods and particles hanging from the nozzles and in the drain. The tea canisters had dried foods and liquids on the nozzle and</p>	F 812	<p>On 3/16/18, the Administrator initiated education of all dietary staff members on assigned daily cleaning assignments and deep cleaning assignments, temperature monitoring of dish machine, ensuring dish sanitizer is present and dispensed appropriately by utilizing PH strips, and monitoring sink temperature in the 3 compartment sink. All dietary staff will be educated by 3/22/18. Any newly hired dietary aids or cooks will be educated on assigned daily cleaning assignments and deep cleaning assignments, temperature monitoring of dish machine, ensuring dish sanitizer is present and dispensed appropriately by utilizing PH strips, and monitoring sink temperature in the 3 compartment sink in orientation.</p> <p>On 3/16/18, the Administrator and Corporate Dietary Consultant provided cleaning and deep cleaning schedules to dietary staff for immediate implementation.</p> <p>On 3/16/18, the Administrator provided temperature logs for the dish machine and the 3 compartment sink for dietary staff to consistently record temperatures of the dish machine and the 3 compartment sink for immediate implementation.</p> <p>On 3/16/18 Administrator and Corporate Dietary Consultant provided dish sanitizer log for dietary staff to record dish sanitizer being present and PH strip results for immediate implementation.</p> <p>The monitoring procedure to ensure that</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 812	<p>Continued From page 4 outside of the canister.</p> <p>During an interview on 2/19/18 at 10:15 AM, the Dietary Aide (DA) #1 stated she was a new employee and was unaware of what the expectation was for the cleaning process for the kitchen or the equipment. DA #1 indicated the equipment was wiped down as they went along. DA#1 acknowledged the condition of the kitchen equipment. She further stated she was unaware of the deep cleaning schedule.</p> <p>During an interview on 2/19/ at 10:33 AM, DA#2 stated that the dietary manager had been gone about a week, but there was no consistent schedule in place for several months on the cleaning process. She stated she was uncertain of when the kitchen equipment had been deep cleaned last. The DM did not put out the schedule on a regular basis, therefore, staff would wipe down things as much as possible.</p> <p>During an interview on 2/19/18 at 10:45 AM, Cook #1 stated deep cleaning of the kitchen equipment had not been done for several months. In addition there had not been a cleaning schedule since before the holidays. Staff basically wipe things down as they went along. She indicted she was unaware of who was responsible for deep cleaning, stoves, ovens, carts etc.</p> <p>During an interview on 2/21/18 at 3:00 PM, Cook #2 stated the expectation was for all staff to pitch in and clean the kitchen prior to the end of the shift. Cook#2 acknowledged there was no kitchen cleaning checklist available.</p> <p>2. An observation on 2/19/18 at 10:00 AM, 12 meal carts and 4 meal prep carts revealed a large</p>	F 812	<p>the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements</p> <p>The Administrator, DON, ADON, Corporate Consultant, Staff Facilitator, QA nurse, Infection Control Nurse, Dietary Manager (once hired) and/or MDS nurse will utilize audit tools to ensure continued compliance with cleaning requirements, dish sanitizer presence and at manufacturers recommended levels, and temperature monitoring of the dish machine and 3 the compartment sink. These audit tools will be completed daily 5 times a week for 4 weeks, weekly for 4 weeks, monthly for 4 months.</p> <p>The title of the person responsible for implementing the acceptable plan of correction</p> <p>In the absence of a dietary manager, the Administrator is responsible for implementation of the acceptable plan of correction.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 812	<p>Continued From page 5</p> <p>amount of dried foods, liquids and brown matter encrusted in the groves, slats and base of the carts.</p> <p>During interview on 2/19/18 at 10:15 AM, the Dietary Aide (DA) #1 stated she was new employee and was unaware of what the expectation was for the cleaning process for the kitchen or the equipment. DA #1 indicated the equipment was wiped down as they went along. DA#1 acknowledged the condition of the kitchen equipment. She further stated she was unaware of the deep cleaning schedule.</p> <p>During an interview on 2/19/ at 10:33 AM, DA#2 stated that the dietary manager had been gone about a week, but there was no consistent schedule in place for several months on the cleaning process. She stated she was uncertain of when the kitchen equipment had been deep cleaned last. The DM did not put out the schedule on a regular basis, therefore, staff would wipe down things as much as possible.</p> <p>During an interview on 2/19/18 at 10:45 AM, Cook #1 stated deep cleaning of the kitchen equipment had not been done for several months. In addition there had not been a cleaning schedule since before the holidays. Staff basically wipe things down as they went along. She indicted she was unaware of who was responsible for deep cleaning, stoves, ovens, carts, floors etc.</p> <p>During an interview on 2/21/18 at 3:00 PM, Cook #2 stated the expectation was for all staff to pitch in and clean the kitchen prior to the end of the shift. Cook#2 acknowledged there was no kitchen cleaning checklist available</p> <p>3. An observation of the dry storage rack on</p>	F 812			

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

PRINTED: 03/29/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 812	<p>Continued From page 6</p> <p>2/19/18 at 10:10 AM, revealed 9 gray trays, 9 large silver and 16 medium silver containers stacked with dried food particles inside/outside and a heavy grease buildup on the outside surfaces.</p> <p>During an interview on 2/19/ at 10:33 AM, DA#2 stated that the dietary manager had been gone about a week, but there was no consistent schedule in place for several months on the cleaning process. She stated she was uncertain of when the kitchen equipment had been deep cleaned last. The DM did not put out the schedule on a regular basis, therefore, staff would wipe down things as much as possible.</p> <p>During an interview on 2/19/18 at 10:45 AM, Cook #1 stated deep cleaning of the kitchen equipment had not been done for several months. In addition there had not been a cleaning schedule since before holidays. Staff basically wipe things down as they went along. She indicted she was unaware of who was responsible for deep cleaning, stoves, ovens, carts, floors etc.</p> <p>An observation on 2/21/18 at 11:39 AM, revealed the 9 silver trays had large amounts of grease buildup, 6 medium pans and 8 large silver pans remain greasy on the dry storage rack.</p> <p>During an interview on 2/21/18 at 3:00 PM, Cook #2 stated he was responsible for washing pots/pans and running the dish machine and checking the dish machine temperatures at night. Cook #2 indicated the disinfect solution button was pressed five times to ensure the disinfect solution went into the sink. There was no response when asked the expectation for checking the sink gauge and ensuring the bottle</p>	F 812			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 812	<p>Continued From page 7 of solution was not empty.</p> <p>4a. An observation of the 3 compartment sink that was used to wash the pots and pans on 2/19/18 at 10:10 AM, revealed staff washing pots and a pans with a bottle of empty sanitizer attached to the sink.</p> <p>b. An observation on 2/21/18 at 2:55 PM, revealed the 3 compartment sink had no disinfect solution in the sink and the PH strips did not work. The temperature gauge did not work on the sink at all.</p> <p>During an interview with the Dietary Consultant on 2/21/17 at 2:55 PM, she stated that staff should use the test strip, to test and make sure that the sanitize compartment of the three (3) compartment sink contained sanitizer that met manufacture recommendations</p> <p>During an interview on 2/21/18 at 3:00 PM, Cook #2 stated he was responsible for washing pots/pans, running the dish machine and checking the dish machine temperatures at night. Cook #2 indicated the disinfect solution button was pressed five times to ensure the disinfect solution went into the sink. There was no response when asked the expectation for checking the sink gauge and ensuring the bottle of solution was not empty.</p> <p>5. An observation of the dishwashing machine on 2/21/18 at 2:55 PM, revealed the wash cycle was 155 and the rinse cycle was 175. The inside had a large volume of detergent buildup and on the outside dripping on the floor.</p> <p>Review of the dish machine temperature log had not been documented on 2nd shift</p>	F 812			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 812	<p>Continued From page 8</p> <p>2/19/18-2/21/18 and on 1st shift 2/20/18 to 2/21/18.</p> <p>During an interview on 2/21/18 at 2:55 PM, DA#3 stated the only responsibility for the DA was to make sure the dish machine was at proper temperature and documented on the temperature log. The DA#3 did not respond when asked why the temperature of the machine had not been documented for two days.</p> <p>During an interview on 2/21/18 at 3:00 PM, Cook #2 stated he was responsible for washing pots/pans, running the dish machine and checking the dish machine temperatures at night.</p> <p>6. An observation on 2/19/18 at 10:00 AM and 2/21/18 at 11:39 AM and 2:55 PM, revealed the kitchen floor near the stove, sink area and dishwashing area had a large volume of trash and greasy buildup. The floor surface in front of the stove area had embedded food, dirt and heavy black grease buildup. The sink area had large amounts of old food, old paper products underneath the sink, the floor surfaces had embedded grease, black/brown matter. The dishwasher area had large amount of embedded black/brown matter food, standing water and old paper products underneath and in front of machine.</p> <p>During an interview on 2/19/ at 10:33 AM, DA#2 stated that the dietary manager had been gone about a week, but there was no consistent schedule in place for several months on the cleaning process. She stated she was uncertain of when the kitchen equipment had been deep cleaned last. The DM did not put out the schedule on a regular basis, therefore, staff would wipe</p>	F 812			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 812	Continued From page 9 down things as much as possible.  During an interview on 2/20/18 at 2:30 PM, the Administrator indicated she was in the process of hiring a dietary manager and assistant. She acknowledged the kitchen needed attention.  During an interview on 2/21/18 at 2:55 PM, DA#3 stated any staff could clean the dish machine inside/out. Staff that had free time was responsible for cleaning the dish machine and checking temps.  During an interview on 2/21/18 at 3:00 PM, Cook #2 stated the expectation was for all staff to pitch in and clean the kitchen prior to the end of the shift. Cook#2 acknowledged there was no kitchen cleaning checklist available.  During an interview on 2/21/18 at 3:30 PM, the Dietary Consultant stated that the dietary manager was responsible for ensuring all operations in the kitchen were functional and working properly. The dietary manager should ensure all aspects of the kitchen was cleaned and maintained in accordance to the regulations for all shifts. The Dietary Consultant acknowledged there was no effective system in place.	F 812			
F 867 SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii)  §483.75(g) Quality assessment and assurance.  §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced	F 867		3/22/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 867	<p>Continued From page 10</p> <p>by:</p> <p>Based on observations, policy review and staff interviews, the facility ' s Quality Assessment and Assurance (QA &amp; A) Committee failed to maintain implemented procedures and monitor interventions the committee put into place following the recertification survey of 02/23/17. This was for one deficiency that was originally cited in February of 2017 and was subsequently re-cited on the current recertification survey of 02/22/18. The repeated deficiency was in the area of food safety. The continued failure of the facility during two federal surveys of record show a pattern of the facility ' s inability to sustain an effective Quality Assurance (QA) Program.</p> <p>Findings included:</p> <p>This tag is cross referenced to F812 Food Safety Requirements: Based on observations, policy review, and staff interviews, the facility failed to clean and maintain kitchen equipment, clean meal carts, clean pots and pans appropriately, use dish sanitizer at manufacturer-recommended levels, maintain dishwasher temperatures, and clean the kitchen floor.</p> <p>During the previous recertification survey of 2/23/17 the facility had failed to properly label foods stored in the dry storage room, walk-in refrigerator, walk-in freezer, and one nourishment room refrigerator.</p> <p>In an interview on 02/22/18 at 4:07 p.m., the Administrator confirmed that the facility had a Quality Assurance and Performance Improvement (QAPI) program in place. She indicated that the QA &amp; A Committee consisted at a minimum of individuals in the following roles:</p>	F 867	<p>Jacob's Creek Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of correction is submitted as a written allegation of compliance.</p> <p>Jacob's Creek Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, JCNRC reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.</p> <p>F867 QAPI/QAA Improvement Activities</p> <p>The plan of correcting the specific deficiency</p> <p>The position of Jacob's Creek Nursing and Rehabilitation Center regarding the process that lead to this deficiency – the facility's Quality Assessment and Assurance Committee did not maintain implemented procedures and monitor interventions the committee put in to place following the recertification survey of 2/23/17.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 867	Continued From page 11 Administrator, Medical Director, QAPI Coordinator, Director of Nursing, Social Worker, Pharmacist, Medical Records designee, Dietary Manager, and Housekeeping Supervisor. She indicated her awareness of lapses in kitchen oversight and stated she was working to hire staff replacements for recently terminated employees. She shared her expectation that kitchen staff properly clean and sanitize all food preparation areas as well as the cooking equipment and dinnerware used to serve residents. She further stated that individuals in kitchen management positions should monitor staff members daily to ensure these tasks were done.	F 867	<p>Jacob's Creek Nursing and Rehabilitation Center's plan for correcting the deficiency is to ensure implemented procedures developed by the Quality Assessment and Assurance Committee are maintained on an ongoing basis to sustain an effective Quality Assurance Program.</p> <p>The procedure for implementing the acceptable plan of correction for the specific deficiency cited</p> <p>On 3/8/18 the facility QAA/QAPI Committee held a meeting to review the purpose and function of the QAA/QAPI Committee and review ongoing compliance issues. The Administrator, DON, QA Nurse, Infection Control Nurse, Staff Facilitator, Housekeeping Supervisor, will attend QAA/QAPI Committee meetings on an ongoing basis and will assign additional team members as appropriate.</p> <p>On 3/16/18 the corporate facility consultant educated the Administrator related to the appropriate functioning of the QAA/QAPI Committee and the purpose of the committee to include identifying issues and correcting repeat deficiencies related to F812 Food Safety Requirements.</p> <p>On 3/16/18 the Administrator began educating the department heads related to the appropriate functioning of the QAA/QAPI Committee and the purpose of the committee to include identifying issues</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 867	Continued From page 12	F 867	<p>and correcting repeat deficiencies related to F812 Food Safety Requirements.</p> <p>As of 3/16/18 after the facility consultant education, the facility QAA/QAPI committee will begin identifying other areas of quality concern through the QA review process, for example: review of environmental round tools, review of resident rounds tools, review of maintenance work orders, review of resident concern logs, review of resident council minutes, review of pharmacy reports, review of Point Click Care (Electronic Medical Record), review of dietary consultant recommendations and review of facility consultant recommendations. Even when plan of Correction monitoring is completed QAA/QAPI committee will routinely look back on precited deficiencies to ensure continued compliance.</p> <p>The facility QAA/QAPI Committee will meet at a minimum of monthly and the Executive QAA/QAPI Committee will meet quarterly to identify issues related to quality assessment and assurance activities and develop/implement appropriate plans of action for identified concerns.</p> <p>Corrective action has been taken for the identified concerns related to F812 Food Safety Requirements.</p> <p>The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected</p>		

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

PRINTED: 03/29/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>JACOB'S CREEK NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1721 BALD HILL LOOP</b> <b>MADISON, NC 27025</b>		
(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 867	Continued From page 13	F 867	<p>and or in compliance with the regulatory requirements</p> <p>The facility QAA/QAPI Committee will meet at a minimum of monthly with oversight by the Administrator.</p> <p>The Executive QAA/QAPI Committee meeting including the Medical Director will meet quarterly and review quarterly compiled QAA/QAPI report information, review trends, and review corrective actions taken including dates of completion. The Executive QAA/QAPI Committee will validate the facility's progress in correction of deficient practice or identify concerns. The Administrator will be responsible for ensuring committee concerns are addressed through further training or other interventions.</p> <p>The title of the person responsible for implementing the acceptable plan of correction</p> <p>The Administrator is responsible for implementation of the acceptable plan of correction.</p>		