

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2018
NAME OF PROVIDER OR SUPPLIER CONCORDIA TRANSITIONAL CARE & REHAB-ROSE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 4230 NORTH ROXBORO STREET DURHAM, NC 27704	
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F 000	INITIAL COMMENTS There was no deficiency cited as result of complaint investigation for Event ID D0PG11 and Exit date 4/19/18.	F 000		
F 812 SS=E	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §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. §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 observations and staff interview, the facility failed to properly store food and failed to discard expired food in the walk in freezer. Findings included: 1 a. An observation of walk-in freezer on 4/16/18 at 10:45 AM revealed two aluminum baking sheets on the rack under the freezer compressor. Assistant dietary manager indicated that the pans	F 812	This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and	5/7/18

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

TITLE

(X6) DATE

Electronically Signed

05/05/2018

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 812	<p>Continued From page 1</p> <p>were placed to prevent water from dripping from the compressor. Observation revealed ice on and inside an opened cardboard labeled "Oatmeal cookie dough", ice on cardboard box labeled "English muffins" and ice on and inside an opened cardboard box containing croissants that was stored on the rack below the aluminum baking sheets. Ice was also noted on the floor of the freezer.</p> <p>1 b. An observation of walk-in freezer on 4/16/18 at 10:45 AM revealed an opened cardboard box labeled "turkey sausage" with a use by date "1/18/18", an opened cardboard box labeled "turkey bacon" with a use by date "2/6/18 ", an opened cardboard box labeled "chicken enchiladas" with a use by date "3/18/18". Observation also revealed an unopened cardboard box labeled "Basil presto sauce - 11 pounds [lbs.] 6- 30 ounce (oz.) tubs" with expiration date "3/9/17".</p> <p>On 4/16/18 at 11:00 AM during an interview, assistant dietary manager indicated dietary staff were supposed to move the old boxes front when storing newly arrived products in the refrigerator or freezer. She indicated that all expired food should the discarded immediately.</p> <p>On 4/18/18 at 1:35 PM during an interview, dietary aide #1 stated inventory should be stored so that the old stock and opened boxes are stored upfront and new boxes stored at the back. Dietary aide #1 indicated she was unsure who placed the old boxes behind.</p> <p>During an interview with the administrator 04/19/18 at 2:42 PM, she stated it was her expectation that staff use proper labeling and</p>	F 812	<p>state law.</p> <p>1.) Interventions for affected resident: Current resident have the potential to be affected, no residents were identified as being affected.</p> <p>1. The Freezer was serviced by Greater Raleigh Refrigerator Company on 4/16/18 regarding the water dripping from the compressor as well as the ice noted on the floor which was also cleaned up. Repairs were made.</p> <p>A. a. The Culinary Manager discarded the open cardboard box labeled Oatmeal Cookie dough on 4/16/18</p> <p>b. The Culinary Manager discarded the open cardboard box labeled English muffins on 4/16/18.</p> <p>c. The Culinary Manager discarded the open cardboard box containing croissants on 4/16/18</p> <p>d. The Culinary Manager discarded the open cardboard box labeled turkey sausage with use by date of 1/18/18 on 4/16/18.</p> <p>e. The Culinary Manager discarded an open cardboard box labeled turkey bacon with a use by date of 2/16/18 on 4/16/18</p> <p>f. The Culinary Manager discarded an open cardboard box labeled chicken enchiladas with a use by date of 3/18/18 on 4/16/18</p> <p>g. The Culinary Manager discarded an unopened cardboard box labeled Basil presto sauce 11 pounds 6-30 oz. tubs with expiration date of 3/9/17 on 4/16/18.</p> <p>B. The Culinary Manager in-serviced Cooks and Dietary Aides on 4/16/18 regarding food storage policies.</p>		

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F 812	Continued From page 2 discard expired products immediately and appropriately. She stated the freezer was serviced to prevent ice formation.	F 812	<p>2) Interventions for residents identified as having potential to be affected: Cooks and Dietary Aides were in-serviced using the policy and procedure on labeling and dating procedures, storage guidelines, on 4/25/18 by the Culinary Manager. Staff Signatures were collected to ensure staff acknowledgment utilizing policy and procedure with a posttest to ensure compliance and competency. Newly Hired staff will be educated on correct storage, labeling and dating of food items using policy and procedure on food labeling and storage.</p> <p>3.) Systemic Change Using audit tool the Culinary Manager or Cook on duty will complete audits for correct storage, labeling and dating in refrigerators, freezers, storage areas and supply rooms 5 days a week for 4 weeks, then 3 days a week for 4 weeks, and then weekly for 4 weeks to ensure compliance and identify area of improvement as needed. Each Audit will cover correct storage, labeling, and dating for all refrigerators, freezers, kitchen storage areas, and the dry food storage room. Using audit tool Maintenance supervisor or maintenance assistant will inspect the freezer 5 days per week for 4 weeks, then 3 days per week for 4 weeks and weekly for 4 weeks to ensure compliance and identify area of improvement as needed. Each audit will cover any water dripping from compressor as well as ice build- up and ice on floor. Newly hired staff will be educated on the policy and procedure of correct labelling,</p>		

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F 812	Continued From page 3	F 812	dating and appropriate food storage. The Executive Director or Director of Nursing will make weekly rounds and review audits with the Culinary Manager to observe kitchen and dining room to ensure compliance for correct labeling, dating and appropriate storage, weekly for 12 weeks. 4.) Monitoring of the change to sustain system compliance ongoing: The Quality Assurance Committee will discuss and review the results of the Dietary audits monthly for a minimum of three months. Suggestions and recommendations will be made as needed by the Quality Assurance Committee to ensure compliance is sustained ongoing.		
F 865 SS=E	QAPI Prgm/Plan, Disclosure/Good Faith Atmpt CFR(s): 483.75(a)(2)(h)(i) §483.75(a) Quality assurance and performance improvement (QAPI) program. §483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; §483.75(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. §483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.	F 865		5/7/18	

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F 865	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor the interventions that the committee put into place following a recertification survey in June 2017 and subsequently recited in April 2018 on the current recertification and complaint survey.</p> <p>The recited deficiencies were in the areas of food procurement, store/prepare/serve - sanitary and Quality Assurance Planning and Implementation (QAPI)/ (QAA) improvement activities. These deficiencies were recited in the recertification survey on 4/19/18. The continued failure of the facility during two federal surveys of record shows a pattern of the facility's inability to sustain an effective Quality Assurance Program.</p> <p>The findings included:</p> <p>These tag were cross referenced to:</p> <p>1. F 812 - Food procurement, store/prepare/serve - sanitary. Based on observations and staff interview, the facility failed to properly store food and failed to discard expired food in the walk in freezer.</p> <p>During the previous recertification survey on 6/27/17, the facility had failed to label opened bread loaves, failed to store leftover supplements appropriately, discard left over juice and inappropriately store staff personal food in walk-in refrigerator. Facility failed to store food under sanitary conditions in the walk- in freezer, failed to provide a clean ice scoop, failed to maintain</p>	F 865	<p>This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law.</p> <p>1.) Interventions for affected resident: Current resident have the potential to be affected, no residents were identified as being affected.</p> <p>1. The Freezer was serviced by Greater Raleigh Refrigerator Company on 4/16/18 to review the water dripping from the compressor as well as the ice noted on the floor which was also cleaned up.</p> <p>A. a. The Culinary Manager discarded the open cardboard box labeled Oatmeal Cookie dough on 4/16/18</p> <p>B. The Culinary Manager discarded the open cardboard box labeled English muffins on 4/16/18.</p> <p>C. The Culinary Manager discarded the open cardboard box containing croissants on 4/16/18</p> <p>D. The Culinary Manager discarded the open cardboard box labeled turkey sausage with use by date of 1/18/18 on 4/16/18.</p> <p>e. The Culinary Manager discarded an open cardboard box labeled turkey bacon with a use by date of 2/16/18 on 4/16/18</p>		

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F 865	<p>Continued From page 5</p> <p>temperature of hot foods during operation of tray line, and failed to use clean plates and bowl on tray line. The facility also failed to maintain temperature, discard food appropriately and inappropriately store staff personal food in one of one the nourishment refrigerator.</p> <p>2. During the previous recertification survey on 6/27/17, the facility was cited for QAA Committee failure to maintain implemented procedures and monitor interventions the committee put into place on July of 2016. This was for one deficiency which was originally cited on July 28th, 2016, on a recertification survey. The deficiency was in the area of accuracy of assessments.</p> <p>During an interview on 4/19/18 at 3:30 PM, the Administrator indicated the facility had a Quality Assurance and Performance Improvement (QAPI) program in place. Administrator indicated that the QAA committee consisted of herself, Director of Nursing, Medical Director, Dietary Manager and Department heads. She indicated the committee meets quarterly and as needed basis. She stated the committee identifies areas of concern, does a root cause analysis, develops a plan, audits and monitors that plan and discusses the outcome. She stated with new management, the facility will have a cohesive team that will monitor and correct deficiencies. The Administrator indicated QAA was a work in progress to reach, attain and maintain compliance with issues identified.</p>	F 865	<p>f. The Culinary Manager discarded an open cardboard box labeled chicken enchiladas with a use by date of 3/18/18 on 4/16/18</p> <p>g. The Culinary Manager discarded an unopened cardboard box labeled Basil presto sauce 11 pounds 6-30 oz. tubs with expiration date of 3/9/17 on 4/16/18.</p> <p>B. The Culinary Manager re-educated Cooks and Dietary Aides on 4/16/18 regarding food storage policies utilizing the Policy and Procedure.</p> <p>2) Interventions for residents identified as having potential to be affected: Cooks and Dietary Aides were in-serviced on labeling, dating procedures, and storage guidelines, on 4/25/18 by the Culinary Manager utilizing Policies and Procedure with a Posttest to ensure compliance and competency. Staff Signatures were collected to ensure staff acknowledgment. Newly Hired staff will be educated on correct storage, labeling and dating of food items. An Ad Hoc QA Meeting was conducted on 5/1/18 to ensure the above items are reviewed and staff was educated on storage, dating and labeling of food items. The committee also reviewed the maintenance of the refrigerator to ensure compliance. Ongoing staff education and reinforcement regarding facility follow up of processes and expectation was also outlined. The QA committee also discussed the action plans developed and ongoing monitoring for resolution.</p> <p>3.) Systemic Change The Culinary Manager or Cook on duty will audit for correct storage, labeling and</p>		

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F 865	Continued From page 6	F 865	<p>dating in refrigerators, freezers, storage areas and supply rooms daily 5 times a week for 4 weeks, then daily 3 times a week for 4 weeks, and then weekly for 4weeks to ensure compliance and identify area of improvement as needed. Each Audit will cover correct storage, labeling, and dating for all refrigerators, freezers, kitchen storage areas, and the dry food storage room.</p> <p>Maintenance will inspect the freezer 5 times per week for 4 weeks, then daily 3 times per week for 4 weeks and weekly for 4 weeks to ensure compliance and identify area of improvement as needed. Each audit will cover any water dripping from compressor as well as ice build- up and ice on floor.</p> <p>Newly hired staff will be educated on the policy and procedure of correctly labelling, dating as an appropriate food storage. The Nursing Home Administrator will make weekly tours with the Culinary Manager of the kitchen and dining room to monitor for correct labeling and dating, appropriate storage, and review audits weekly for 12 weeks to ensure compliance.</p> <p>Monthly QA Committee Meeting will be conducted to review and discuss the facilities adherence to the monitoring of the above concerns as well as any other concerns brought forth. The Dietary Manager and Maintenance Supervisor will perform audits for 12 weeks and random checks for a period of 12 months.</p>		