

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345458	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/11/2018
NAME OF PROVIDER OR SUPPLIER TREYBURN REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2059 TORREDGE ROAD DURHAM, NC 27712		
(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 565 SS=E	<p>Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7)</p> <p>§483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on record review, resident interviews and</p>	F 565	F565 Resident Family Group Response	12/5/18	

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

TITLE

(X6) DATE

Electronically Signed

12/04/2018

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 565	<p>Continued From page 1</p> <p>staff interviews, the facility failed to resolve grievance that were reported in resident council meetings for 2 of 2 consecutive months with food concerns.</p> <p>The findings included:</p> <p>During an observation on 11/11/18 at 7:30 AM to 9:00AM, several residents were observed for breakfast in the dining room and in resident rooms. The breakfast included pancakes, eggs, bacon/sausage, toast and oatmeal. Several residents in the dining room did not eat the breakfast. Residents reported the pancakes were cold in the center or the edges were too hard and they could not chew them. Additional, reports included eggs were powdery and runny, and the oatmeal was like glue.</p> <p>During an observation on 11/11/18 at 10:30 AM, lunch preparation was observed and temperatures of all lunch items were obtained at 11:00 AM. The cart containing food for 200 hall left the kitchen at 12:20 PM, and nursing staff began to serve the lunch tray at 12:23PM; the last resident meal served on 200 hall was at 12:47 PM and test tray evaluation was completed. The Dietary Manager used a digital thermometer. The following concerns were identified as: Regular:</p> <p>A. Roast pork registered at 109 degrees Fahrenheit and did not taste hot; and, it was dried in center;</p> <p>B. Mash potatoes with gravy registered at 103 degrees Fahrenheit and did not taste hot;</p> <p>C. Brussel sprouts registered at 108 degrees Fahrenheit; and not taste hot;</p> <p>D. Green beans registered at 108 degrees Fahrenheit and did taste not hot;</p>	F 565	<p>Corrective action for those found to have been affected by the deficient practice</p> <p>Residents identified from the Resident Council Meeting held on 9/19/2018 & 10/7/2018 with complaints related to cold food was interviewed by the administrator on 12/3/18. In the interview, the administrator explained/educated them on the changes that were done to ensure food is kept at a temperature to residents liking. No further concerns related to food temps were discussed by the residents and confirmation of resolution was provided to them at that time.</p> <p>Identification of others at risk for the same deficient practice All residents receiving meals from the kitchen are at risk for the same deficient practice.</p> <p>Measures/Systemic changes A new tray line set up was initiated on 11/15/2018 by the Corporate Food Service Consultant. The Plate Warmer was serviced by an outside company on 11/15/2018. New plate covers and holders were ordered by the Corporate Food Service Consultant on 11/15/2018. Staffs were educated by the interim Director of Nursing and or his/her designee on ensuring food temperatures are to the residents liking during delivery and or rounds 12/5/2018. The Activity and Social Service staffs were educated on documenting grievances</p>		

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F 565	<p>Continued From page 2</p> <p>E. Rice registered at 105 degrees Fahrenheit and did not taste hot; Pureed:</p> <p>A. Roast pork registered at 103 degrees Fahrenheit and did not taste hot, consistency was dried;</p> <p>B. Mash potatoes registered 103 degrees Fahrenheit, the potatoes started to congeal;</p> <p>C. Brussel sprouts registered 101 degrees Fahrenheit;</p> <p>D. Green beans registered at 105 degrees Fahrenheit, consistency congealed;</p> <p>E. Rice registered at 104 degrees Fahrenheit consistency congealed with crusted textured when stirred; Ground/Mechanical soft</p> <p>A. Roast pork 110 consistency dried and did not taste hot.</p> <p>During an interview on 11/11/18 at 12:10 PM, the Administrator stated the expectation was for the food to be served at an acceptable temperature to the residents.</p> <p>During an interview on 11/11/18 at 12:49 PM, the Dietary Manager (DM) and surveyor tasted the food, and both agreed the food was luke warm cold to taste, and the meat had dried from the center. The DM stated she was uncertain why the food temperatures were so low. The DM stated she had attended the resident council meeting and was aware of the food concerns regarding temperatures, taste and quality. DM reported food temperatures were done daily and were accurate, but once the food left the kitchen she did not ask residents directly about the food temperatures.</p> <p>During an interview on 11/11/18 at 3:30 PM, the Assistant Director of Nursing stated the kitchen</p>	F 565	<p>voiced in resident council. This education included written notification and follow-up of resolution to the person(s) filing the grievance.</p> <p>Monitoring put in place to ensure sustained Solutions Staff will be assigned by the administrator 5 days a week x 4 weeks to do interviews with residents during random meal times to inquire and identify any continued concerns regarding food temperatures.</p> <p>The administrator and or assigned staff will also taste test food trays at random meals 3 days a week for 4 weeks to identify any concerns related to food temps.</p> <p>Resident council meetings will be held weekly for 4 weeks to identify any resident concerns issues related to food temps</p> <p>This information will be tracked and trended by the dietary manager and provided to the Quality Assurance Process Improvement Committee at the next schedule meeting following the 4 week period of monitoring. This information will be used by the committee to determine ongoing monitoring.</p>		

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F 565	Continued From page 3 was responsible for ensuring resident meals were served to resident ' s taste and at proper temperatures. Review of resident council minutes dated 9/19/18, revealed management staff was present for the meeting and resident concerns included:. A resident complained about supper being served cold and the need for more staff in the evening dining. There was no response to resident council minutes. Review of the resident council minutes dated 10/7/18, revealed management staff was present. Resident stated that hall trays were not being passed out and on time in the evening and by the time food was received it was cold. DM stated that she would speak to the charge nurse. There was no response to resident council concerns.	F 565			
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observations, resident interviews, test tray and record review, the facility failed to serve food that was palatable and at an acceptable temperature for 4 of 4 residents (Resident #3, Resident #4, Resident #5 and Resident #6)	F 804	F804 Palatable/Prefer Temp Corrective action for those found to have been affected by the deficient practice Residents identified from the sample	12/5/18	

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F 804	<p>Continued From page 4 reviewed for food palatability.</p> <p>The findings included:</p> <p>During an observation on 11/11/18 at 7:30 AM to 9:00AM, several residents were observed for breakfast in the dining room and in resident rooms. The breakfast included pancakes, eggs, bacon/sausage, toast and oatmeal. Several residents in the dining room did not eat the breakfast. Residents reported the pancakes were cold in the center or the edges were too hard and they could not chew them. Additional, reports included eggs were powdery and runny, and the oatmeal was like glue.</p> <p>During an observation on 11/11/18 at 8:10 AM, Resident #3 had his meal in the dining room, which included the pancakes, oatmeal, eggs and sausage. Resident #3 did not eat the meal and requested an alternate of just an egg sandwich. Resident #3 stated breakfast was normally the only meal I he would eat, but today, the pancakes tasted frozen in the center and tough to chew, and the oatmeal was like glue. He added, the meals have been a problem for a long time. He said when you report it to the kitchen and management, they respond that they are working on it and they were looking into getting a new vendor. They have told us this for months in resident council. We are just being ignored." "I have to ask my family to bring me in different food for lunch and dinner because the food is either cold with no flavor or not cooked all the way. If you reheat the stuff it dries it out even more. It 's a shame no one is listening to the residents. Food is only one pleasure we have."</p> <p>Resident #4 was observed and interviewed on</p>	F 804	<p>(Resident #3, Resident #4, Resident #5 and Resident #6) with complaints related to cold food and unpalatable were interviewed by the administrator on 12/3/18. In the interview, the administrator explained/educated them on the changes that were done to ensure food is kept at a temperature to residents liking. No further concerns related to food temps were discussed by the residents and confirmation of resolution was provided to them at that time. Dietician and Dietary Manager have reviewed and updated food preferences with (resident #3, Resident #4, Resident #5, and resident #6)</p> <p>Identification of others at risk for the same deficient practice All residents receiving meals form the kitchen are at risk for the same deficient practice.</p> <p>Measures/Systemic changes A new tray line set up was initiated on 11/15/2018 by the Corporate Food Service Consultant. The Plate Warmer was serviced by an outside company on 11/15/2018. New plate covers and holders were ordered by the Corporate Food Service Consultant on 11/15/2018. Steam table serviced on 11/15/18 and plate warmer serviced on 11/19/18 to ensure equipment working properly. Dietary Staff educated by the Dietary Manager and Dietician on ensuring food palatability and temperatures are in accordance with professional standards</p>		

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F 804	<p>Continued From page 5</p> <p>11/11/18 at 8:30 AM. Resident #4 was eating in his room and had pancakes, eggs, bacon and oatmeal. He stated the pancakes were cold in the center and hard around the edges. "It tasted like they were microwaved too long. I have only been at the facility a short while and the food had not been much anyone could eat. I have to eat a few snacks in between because the food was either overcooked or luke warm. Resident #4 reported by the time staff reheated the food, it would no longer be edible. "I have asked family to bring me food at times, and I have told staff about the quality of the food. The ongoing response would be, ' We will take care of it ' ."</p> <p>During an observation and interview on 11/11/18 at 8:45 AM, Resident #5 had pancakes, eggs, bacon and toast. The pancakes and eggs were left on the plate. Resident #5 reported the pancakes were too hard to chew and the eggs were cold. Resident #5 reported he had asked staff to get him some different eggs, but they had not returned so he just made a bacon sandwich. Resident #5 reported "several complaints about the food had been reported to the kitchen staff and nursing staff and everyone constantly says, ' We are working on it ' . We tell them folks in the meeting and in the halls and the food had not improved. It tastes like garbage sometimes, so you have to ask your family to bring in a home cooked meal, so you don ' t starve to death." Resident #5 further stated when he had gone to a few meetings, the head people be at the meeting and acted like they never heard us talk about the food and continue to serve bad tasting or cold food.</p> <p>During an interview and observation on 11/11/18 at 9:00 AM, Resident #6 was eating breakfast in</p>	F 804	<p>for food service safety during meal service.</p> <p>Staffs were educated by the interim Director of Nursing and or his/her designee on ensuring food palatability and temperatures are to the residents liking during delivery and or rounds.</p> <p>The Activity and Social Service staffs were educated on documenting grievances voiced in resident council. This education included written notification and follow-up of resolution to the person(s) filing the grievance.</p> <p>Monitoring put in place to ensure sustained Solutions Staff will be assigned by the administrator 5 days a week x 4 weeks to do interviews with residents during random meal times to inquire and identify any continued concerns regarding food temperatures.</p> <p>The administrator and or assigned staff will also taste test food trays at random meals 3 days a week for 4 weeks to identify any concerns related to food temps.</p> <p>Resident council meetings will be held weekly for 4 weeks to identify any resident concerns issues related to food temps.</p> <p>This information will be tracked and trended by the dietary manager and provided to the Quality Assurance Process Improvement Committee at the next schedule meeting following the 4 week period of monitoring. This information will be used by the committee to determine ongoing monitoring.</p>		

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

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F 804	Continued From page 6 room. He received pancakes, oatmeal, eggs and sausage. The pancakes and oatmeal were uneaten. Resident #6 stated the pancakes were cold in the center and pulled the spoon up from the oatmeal that was congealed to the spoon. Resident #6 reported several concerns with the quality of the food had been reported individually and in the resident council group and nothing had been done. Resident #6 reported meals were served cold, and had no flavor and no change of meal of different food choices. Resident #6 reported by the time staff delivered the meal, the vegetables would be soggy or cold and tasteless, and the meats tough and dried out. "I have been to several resident council meetings and dietary staff and upper management be were in the meeting and heard what we said and still the food continues to be served in poor quality. "I have to eat a lot of snacks as supplements, so I don ' t get hungry hoping for a good meal." During an observation on 11/11/18 at 10:30 AM, lunch preparation was observed and temperatures of all lunch items were obtained at 11:00 AM. The cart containing food for 200 hall left the kitchen at 12:20 PM, and nursing staff began to serve the lunch tray at 12:23PM; the last resident meal served on 200 hall was at 12:47 PM and test tray evaluation was completed. The Dietary Manager used a digital thermometer. The following concerns were identified as: Regular: A. Roast pork registered at 109 degrees Fahrenheit and did not taste hot; and, it was dried in center; B. Mash potatoes with gravy registered at 103 degrees Fahrenheit and did not taste hot; C. Brussel sprouts registered at 108 degrees Fahrenheit; and not taste hot; D. Green beans registered at 108 degrees	F 804			

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F 804	<p>Continued From page 7</p> <p>Fahrenheit and did taste not hot;</p> <p>E. Rice registered at 105 degrees Fahrenheit and did not taste hot;</p> <p>Pureed:</p> <p>A. Roast pork registered at 103 degrees Fahrenheit and did not taste hot, consistency was dried;</p> <p>B. Mash potatoes registered 103 degrees Fahrenheit, the potatoes started to congeal;</p> <p>C. Brussel sprouts registered 101 degrees Fahrenheit;</p> <p>D. Green beans registered at 105 degrees Fahrenheit, consistency congealed;</p> <p>E. Rice registered at 104 degrees Fahrenheit consistency congealed with crusted textured when stirred;</p> <p>Ground/Mechanical soft</p> <p>A. Roast pork 110 consistency dried and did not taste hot.</p> <p>During an observation on 11/11/18 from 10:30 AM to 12:20 PM, the plate warmer was not plugged in the entire time staff prepare for the meal. The warmer was unplugged and the cord underneath the cart.</p> <p>During an interview on 11/11/18 at 12:10 PM, the Administrator stated the expectation was for the food to be served at an acceptable temperature to the residents.</p> <p>During an interview on 11/11/18 at 12:49 PM, the Dietary Manager (DM) and surveyor tasted the food, and both agreed the food was luke warm cold to taste, and the meat had dried from the center. The DM stated she was uncertain why the food temperatures were so low. The DM was made aware the plate warmer had not been plugged in during the meal preparation process</p>	F 804			

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F 804	<p>Continued From page 8</p> <p>and several of the plate domes/covers used were worn and had no insulation. The DM stated she had attended the resident council meeting and was aware of the food concerns regarding temperatures, taste and quality. DM reported food temperatures were done daily and were accurate, but once the food left the kitchen she did not ask residents directly about the food temperatures.</p> <p>During an interview on 11/11/18 at 12:55 PM, Resident #3 stated "I could not eat that roast it was dried out, the mash potatoes were cold and green beans were cold, so I just order a sandwich and they brought me a pork chop sandwich." I don ' t think anyone is going to fix the food problem no matter how many times we tell them, because many residents had to ask for an alternate at two of the meals per day. We pay good money to get a good hot meal and management just keep saying we are going to fix it and no there had been no change yet."</p> <p>During an interview on 11/11/18 at 1:10 PM, Resident #4 stated the food was too cold and had no taste, so I just called my family to bring me something to eat. "There was no point in reheating it because it would have just dried it out even further. I don ' t understand why the meal doesn ' t come to the us at proper temperatures and with some taste. We shouldn ' t have to keep requesting it to be reheated or something different every other meal."</p> <p>During an interview on 11/11/18 1:20 PM, Resident #5 reported, the meat was dry and the rest of the food was cold. "I couldn ' t eat that stuff, I asked the aide for something different. This happens all the time and I know I have to eat something to survive so I had to bare with it and</p>	F 804			

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F 804	Continued From page 9 eat it . I do hope there will be some improvements soon." During an interview on 11/11/18 at 1:25 PM, Resident #6 stated "I tried eating the meat and Brussel sprouts and they were too cold for my taste, this is an ongoing problem with getting your meals hot and with some taste. I am just so tired of asking for a hot meal with some flavor it just upsets met. I go to the meetings and tell management/kitchen and it keeps coming the same way. I just don ' t know what else to do." "Lunch and dinner are the worst, but I have to eat to live to I eat what I can and throw the rest away. During an interview on 11/11/18 at 3:30 PM, the Assistant Director of Nursing stated the kitchen was responsible for ensuring resident meals were served to resident ' s taste and at proper temperatures. Review of resident council minutes dated 9/19/18, revealed management staff was present for the meeting and resident concerns included:. A resident complained about supper being served cold and the need for more staff in the evening dining. There was no response to resident council minutes. Review of the resident council minutes dated 10/7/18, revealed management staff was present. Resident stated that hall trays were not being passed out and on time in the evening and by the time food was received it was cold. DM stated that she would speak to the charge nurse. There was no response to resident council concerns.	F 804			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F 812		12/5/18	

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F 812	<p>Continued From page 10</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 observations, staff interviews and record review, the facility failed to maintain and clean meal carts, steam table and plate warmer in the kitchen.</p> <p>The findings included:</p> <p>1 a. During initial kitchen observation on 11/11/18 at 6:00 AM, there were 4 meal carts stored in the dining room that was dirty with leftover food. The cart had encrusted dried food and liquids.</p> <p>b. During a follow-up visit on 11/11/18 at 10:30 AM, there were three tray carts were very dirty with large volumes of dry encrusted foods, liquids, crumbs and brown matter. There were 12 clean sliver trays store on the carts that had dried encrusted food particles, brown matter and oily</p>	F 812	<p>F812 Food Procurement, Store/Prepare/Serve-Sanitary</p> <p>Corrective action for those found to have been affected by the deficient practice Observation of meal carts, steam table and plate warmer encrusted with dried food and liquids. Immediately following observations dietary staff took action to address the concerns to ensure proper cleaning protocol.</p> <p>Identification of others at risk for the same deficient practice All residents receiving meals from the kitchen are at risk for the same deficient practice.</p>		

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F 812	<p>Continued From page 11</p> <p>surfaces, the short black serving cart where clean dishes were stored had dried food particles, liquids and crumbs underneath clean plates, cups, serving utensils.</p> <p>During an interview on 11/11/18 at 10:45 AM, the Dietary Manager and the Cook stated the carts was expected to be cleaned and wiped down daily and deep cleaned weekly in accordance to the kitchen checklist. The checklist was incomplete for several weeks. Both reported She added there was a cleaning checklist available in the kitchen and staff made every effort to complete each task but had been unsuccessful due to kitchen staff shortage or call outs.</p> <p>2 a. During an observation on 11/11/18 at 10:30 AM, the 5-compartment steam table had a large volume of food left from breakfast in standing water and the inside surfaces as well as the steam table lids had large volumes of dried food, liquids and brown matter encrusted with the surfaces.</p> <p>During an interview on 11/11/18 at 10:45 AM, the DM stated the expectation was for staff to empty and clean the steamtable inside and out prior to each meal. There should be no food left in the water and the lids should be thoroughly cleaned prior to placement on the stable.</p> <p>3 a. During an observation on 11/11/18 at 10:30 AM, the three-compartment plate warmer had three rows of clean plates stored in them. The inside and outside had dried food particles and liquids spills, old food crumbs all around. The staff removed the plates wiped down the top and returned the clean plates to the warmer. Other dried food particles and liquids remained inside the plate warmer.</p>	F 812	<p>Measures/Systemic changes</p> <p>Dietary Staff were educated by the Dietary Manager and Dietician proper cleaning protocols in accordance to kitchen sanitation guidelines.</p> <p>All equipment in kitchen was deep cleaned on 11/13/18.</p> <p>Kitchen equipment cleaning schedules assigned daily to ensure proper protocol in accordance to kitchen sanitation guidelines.</p> <p>Monitoring put in place to ensure sustained Solutions</p> <p>Staff will be assigned daily cleaning schedules to ensure proper protocol in accordance to kitchen sanitation guidelines.</p> <p>Dietary Manager or their designee will ensure assigned cleaning schedules are being followed daily.</p> <p>This information will be tracked and trended by the dietary manager and provided to the Quality Assurance Process Improvement Committee at the next schedule meeting and for a 3 month period of monitoring. This information will be used by the committee to determine ongoing monitoring.</p>		

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F 812	Continued From page 12 During an interview on 11/11/18 at 10:45 AM, the Dietary Manager and Cook stated the plates should have been rewashed and the entire plate warmer should have been at the end of each shift and deep cleaned weekly in accordance to the kitchen cleaning checklist. During an interview on 11/11/18 at 12:10 PM, the Administrator stated the expectation would be for the kitchen manager to ensure all kitchen cleaning protocols be in place and followed in accordance to kitchen sanitation guidelines.	F 812			
F 925 SS=E	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews and record review, the facility failed to maintain an effective pest control program for the Kitchen. The findings included: An observation of the Kitchen on 11/11/18 at 10:30 AM, revealed there were roaches crawling from a box of staff gloves that were located on the cook ' s prep table. The cook was preparing the meal of the day when the roaches were discovered crawling from the box onto the sides of the prep table. Additional observations of a large amount of roach presence included on the floors near the stove area under the oven, under the refrigerators, crawling on the floor and lower surface of the steam table. In the dry storage	F 925	F925 Maintains Effective Pest Control Program Corrective action for those found to have been affected by the deficient practice Observation on 11/11/18, revealed pest present. Immediately following findings on 11/11/18 pest control vendor present on 11/11/18 for treatment. Kitchen serviced again on 11/12/18. There has not been reports of pest observation since 11/11/18. Identification of others at risk for the same deficient practice The facility is at risk for same deficient practice. Measures/Systemic changes	12/5/18	

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

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F 925	<p>Continued From page 13</p> <p>area there were several boxes of food where roaches were crawling from boxes. On the floor where trash and other paper products were located were crawling from the corners of the walls and floor surface.</p> <p>During an interview on 11/11/18 at 10:45 AM, the Cook and Dietary Manager was present during the observation of the roaches. The Dietary Manager(DM) confirmed there was a problem with roaches throughout the kitchen area. The DM indicated the pest control company had provided treatment in the kitchen on 11/9/18, however the services had not been effective in resolving the issue.</p> <p>During an in interview on 11/11/18 at 11:12 AM, the Maintenance Director acknowledged that he was aware of the roach problem in the kitchen and indicated the pest control company had been to the facility on 11/9/18.</p> <p>During an interview on 11/11/18 at 12:10 PM, the Administrator stated the pest control company had serviced the kitchen last week and she was unaware there was still a problem in the kitchen. She further stated additional steps would be put in place to address all kitchen concerns.</p> <p>Review of the invoice dated 11/9/18, revealed the pest control had visited the facility and treated several areas within the facility included roaches in the kitchen with basic and routine treatments.</p>	F 925	<p>Vendor present on 11/11/18 for treatment due to observations. On 11/12/18 extensive treatment of the kitchen and storage rooms to ensure effective resolving pest issue.</p> <p>Pest control services increased from once a month too twice a month starting 11/2018. This frequency of services will remain for 3 month unless determined to be necessary.</p> <p>All staff have been educated by Maintenance Supervisor on reporting any type of pest observation.</p> <p>Monitoring put in place to ensure sustained Solutions</p> <p>All reports will be tracked and trended x 3 months by the maintenance supervisory and provided to the Quality Assurance Process Improvement Committee at the next 3 schedule meetings. This information will be used by the committee to determine ongoing monitoring.</p>		