

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

PRINTED: 01/14/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2018
NAME OF PROVIDER OR SUPPLIER HILLCREST CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 W PETTIGREW STREET DURHAM, NC 27705	
(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 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 observations, staff interviews and record review, the facility failed to maintain and clean, steam table, meal carts, silverware container and plate warmer in the kitchen. The findings included:</p> <p>1 a. During an observation on 12/17/18 at 9:46 AM, the 8-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. The bottom portion of the steam table had large volumes of old food crumbs, dried liquids, trash and old fruit.</p>	F 812	<p>This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of the Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>[F 812] It is the policy of Hillcrest Convalescent Center (Hillcrest) to comply with the food safety and sanitation guidelines as outlined in the FDA Food Code, CMS, and the North Carolina Health Department.</p>	1/17/19

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

TITLE

(X6) DATE

Electronically Signed

01/10/2019

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: 345001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2018
NAME OF PROVIDER OR SUPPLIER HILLCREST CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 W PETTIGREW STREET DURHAM, NC 27705		
(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>During an interview on 12/17/18 at 9:46 AM, the Registered Dietician(RD) and Dietary Manager(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>2 a. During an observation on 12/17/18 at 9:46, there were 5 meal carts located in the kitchen that had a large volume of dried foods and liquids encrusted on the surfaces where food and clean trays were stored. The enclosed carts had dried food and liquids on the shelving area base, walls and the floor of the cart and surfaces.</p> <p>b. During a follow-up observation on 12/17/18 at 12:00 PM to 1 :00 PM, 6 meal carts on 1st and 2nd floors continued to have dried foods/liquids encrusted in the shelving area, base and walls of the cart from previous observation from breakfast. The leftover meal particles were hanging over onto the tray of the meal being served.</p> <p>During an interview on 12/19/18 11:05 AM, the Registered Dietician and Dietary Manager stated the expectation was for staff to clean and wipe down all the kitchen appliances after each meal and deep clean weekly. The meal carts should be broken down and wiped out inside/out.</p> <p>3 a. During an observation on 12/17/18 at 9:46 AM, 4 containers of clean silverware was stored in dirty compartments that had large volumes of dried encrusted food, liquids and dried brown substance in the compartments where clean silverware was stored.</p>	F 812	<p>The Administrator conducted a thorough inspection of the kitchen and all kitchen appliances on 12/20/2018 immediately following the Survey and there were no other concerns noted. The specific areas of concern: the steam table, meal carts, silverware containers and plate warmers alleged in the Summary Statement were inspected and noted to be clean and free of encrusted matter and crumbs. We do contest the assumption in the summary statement that carts during lunch 12/17/2018 "continued to have" the same concerns from the observation at 9:46am, as the Certified Dietary Manager adamantly recalls cleaning all carts thoroughly before the carts received lunch trays on 12/17/2018. It is also important to note that the Surveyor's inspection on the first day took place after breakfast but before the pre-lunch cleaning was concluded. The pre-lunch cleaning of the steam table begins around 10:15 am every day. Furthermore, the facility does NOT use lids on the steam table but wraps pans in plastic wrap in order to keep foods fully sealed and holds temperature better versus lids; therefore the summary statement regarding "steam table lids had large volumes of dried food, liquids and brown matter" is incorrect. Finally, we disagree that the inside, removable baskets inside silverware containers were "dirty compartments" as these stainless steel baskets are removed and sanitized, washing them in the commercial dishwasher, then the cleaned silverware is inserted in the baskets,</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2018
NAME OF PROVIDER OR SUPPLIER HILLCREST CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 W PETTIGREW STREET DURHAM, NC 27705		
(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>During an interview on 12/17/18 9:46 AM, the Registered Dietician and the Dietary Manager indicated all silverware and containers should be cleaned after each meal.</p> <p>4 a. During an observation on 12/17/18 at 9:46 AM, the 3 plate warmers that had clean plates and dome bases had large volumes of dried food liquids and foods on the inside and outside. There were old food crumbs and encrusted dried brown matter inside where the clean plates were stored.</p> <p>During an interview on 12/17/18 at 9:46 AM, the Registered Dietician and Dietary Manager stated the expectation was for staff to clean and wipe down all the kitchen appliances after each meal and deep clean weekly.</p>	F 812	<p>utensils down. Hillcrest attests and the lack of any of other documentation in this Summary Statement makes clear that the proper operation of our commercial dishwasher is not under question.</p> <p>The Dietary department will be in-serviced on the results of the survey. Discussion of the following plan of correction will be included in an in-service that will be conducted no later than January 17, 2019.</p> <p>Cleaning task lists/cleaning schedules have been revised for the steam table, meal carts, silverware containers and plate warmers alleged in the Summary Statement. Staff will be retrained by in-service on the steps necessary to appropriately clean the steam table, meal carts, silverware containers and plate warmers in the kitchen. Staff will also be retrained on the processes and importance of cleaning the previously stated items before each meal. Staff will be instructed to especially check for potential areas of buildup on the steam table, meal carts, silverware containers and plate warmers.</p> <p>The Certified Dietary Manager or her designee are supervising the daily cleaning of the meal carts before the beginning of each meal to ensure the thoroughness of the cleaning of the meal carts. The goal of this exercise is to continue daily inspections three times a day until five consecutive days of all three inspections indicate no issues of concern and then to maintain this process on a</p>		

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

PRINTED: 01/14/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2018
NAME OF PROVIDER OR SUPPLIER HILLCREST CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1417 W PETTIGREW STREET DURHAM, NC 27705		
(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 3	F 812	<p>weekly unannounced basis.</p> <p>The Registered Dietitian or her designee is conducting weekly, unannounced inspections using an updated Hazard Surveillance form, which specifically references inspections of the steam table, meal carts, silverware container and plate warmers. The goal of this exercise is to continue a weekly inspection until three consecutive inspections indicate no issues of concern and then to maintain this process on a monthly unannounced basis. As an additional quality initiative beyond regular county health inspections and DHSR surveys, Hillcrest has for some time contracted with an outside consultant service to audit the food safety of the kitchen and Dietary department. This consultant will continue to make quarterly, unannounced reviews of the kitchen and the kitchen appliances referenced in the Summary Statement.</p> <p>This plan of correction will be reviewed in the next regularly scheduled Quality Assurance and Assessment meeting. The dates for random inspection are subject to the review of the Quality Assurance committee.</p>		