

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

PRINTED: 04/03/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345535	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/27/2019
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NAME OF PROVIDER OR SUPPLIER ADAMS FARM LIVING & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 5100 MACKAY ROAD JAMESTOWN, NC 27282
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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E 000	Initial Comments	E 000		
F 000	The facility was found in compliance with the requirement CFR 483.73 Emergency Preparedness Event ID #PX3911 INITIAL COMMENTS	F 000		
F 761 SS=D	No deficiencies were cited as a result of this complaint investigation conducted February 27, 2019 Event # IDPX3911 Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced	F 761		3/27/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/13/2019
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 761	<p>Continued From page 1</p> <p>by: Based on observations and staff interviews, the facility failed to properly dispose of expired medications in 1 of 1 medication storage rooms (300/400 hall) and 2 of 2 medication carts (100/500 and 300/400 carts) reviewed for proper medication storage.</p> <p>Findings include:</p> <p>An observation was made of the 300/400 hall medication storage room on 2/24/19 at 5:15am with Nurse #13. It was observed that there were 4 cans of 240 ml (milliliters) Supleme Therapy Nutrition that had an expiration date of 1/2019.</p> <p>An observation was made of the 300/400 hall medication cart on 2/24/19 at 5:30am with Nurse #13. It was observed that there were 2 syringes of Heparin lock flush 500 units/5 ml that had an expiration date of 1/2019.</p> <p>An observation was made of the 100/500 hall medication cart on 2/24/19 at 6:45am with the ADON (Assistant Director of Nursing). It was observed that there was a pint size bottle of Pink Bismuth that had an expiration date of 1/2019.</p> <p>An interview was conducted on 2/24/19 at 5:30am with Nurse #13. Nurse #13 reported any medications that had expired should have been removed from the medication room and medication cart.</p> <p>An interview was conducted on 2/24/19 at 7:00am with the ADON. She reported it was her expectation that no medications on the medication cart be expired.</p>	F 761	<p>The facility will properly dispose of expired medications.</p> <p>The pharmacist completed a 100% audit of all medication carts on 2/26/19. Any medications that were expired or due to expire within the next month were discarded immediately. A 100% audit of the supplements in storage in the facility was completed on 3/7/19. Any supplements that were expired or due to expire within the next month was discarded immediately.</p> <p>Licensed nurses will be inserviced by the SDC or other RN designee regarding removing any medications that are expired from the medication carts immediately.</p> <p>DON or other RN designee will audit the medication carts and supply rooms weekly for 8 weeks to ensure medications and supplements are discarded before they expire. A QI audit tool will be utilized. QI audit tools will be submitted to the quality team monthly for review</p>		

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F 761	Continued From page 2 An interview was conducted with the Administrator on 2/27/19 at 10:00am. She reported it was the responsibility of the nurses and the pharmacy to check for expired medications. She reported it was her expectation that all expired medications be removed from the medication storage rooms and carts.	F 761			
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 interviews the facility failed to ensure dietary staff members fully restrained their hair while working in the kitchen. This was evident in 2 of 2 kitchen observations. Findings Included:	F 812	The facility will store, prepare, serve, and distribute food in accordance with professional standards for food service safety. The staff members who weren't wearing proper hair restraints were immediately	3/27/19	

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F 812	<p>Continued From page 3</p> <p>An observation on 2/25/19 at 6:54 am of the kitchen revealed Dietary Aide #1 was preparing beverages and did not have a hair restraint covering his beard.</p> <p>An interview on 2/25/19 at 6:58 am with Dietary Aide #1 revealed he had worked at the facility for about 3 months and he had not been told he needed to cover his beard. He added he wasn't sure if the facility had beard guards.</p> <p>An observation on 2/27/19 at 11:30 am with the Dietary Manager (DM) revealed Dietary Aide #2 was working on the serving line preparing for the lunch meal service. Her hair from the middle section of her head to her bangs was not in a hair restraint.</p> <p>An interview on 2/27/19 at 11:40 am with the DM revealed Dietary Aide #2 should use 2 hairnets to make sure all her hair was covered. He stated employees with facial hair should wear beard guards while working in the kitchen. The DM added beard guards were available for the employees to wear.</p> <p>An interview on 2/27/19 at 12:00 pm with the Administrator revealed she expected all staff working in the kitchen to have their hair covered.</p>	F 812	<p>reeducated at the time the issue was identified during survey.</p> <p>The dietary manager will inservice all food service staff on the requirement to wear beard guards and the keep hair fully covered in hair restraints when working in the kitchen before 3/20/19.</p> <p>Dietary manager will complete walk through rounds five times weekly, randomly, between day and evening shifts, for four weeks to monitor for compliance with wearing hair restraints when working in the kitchen. A QI audit tool will be utilized.</p> <p>Results of QI audit tools will be submitted to the quality committee monthly for review for twelve months.</p>		