

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/22/2019
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NAME OF PROVIDER OR SUPPLIER PIEDMONT CROSSING	STREET ADDRESS, CITY, STATE, ZIP CODE 100 HEDRICK DRIVE THOMASVILLE, NC 27360
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F 000	INITIAL COMMENTS An unannounced recertification and complaint survey was conducted 8/19/19-8/22/19. The facility was compliant with Federal regulation CFR 483.73 Emergency Preparedness. The intakes NC00151212, NC00150940, and NC00143673 were all unsubstantiated.	F 000		
F 804 SS=E	<p>Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§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 and staff interviews the facility failed to serve food at a palatable temperature. This was evident in 1 of 1 meal observation.</p> <p>Findings Included:</p> <p>An observation of the 300-hall service kitchen steamtable was conducted on 8/21/19 at 11:55 am. Homemaker #1 took the food temperatures using a calibrated thermometer and they were: beef stroganoff 199 degrees F, noodles 168 degrees F and vegetable blend 159 degrees F. A regular diet test tray was prepared and placed on the 300-hall cart with 5 resident meal trays. The cart was delivered to the hall at 12:26 pm and the last resident meal tray was served at 12:32 pm.</p>	F 804	Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Piedmont Crossing of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law, and because the facility has been threatened with termination from the Medicare and Medicaid programs if it fails to do so. The facility contends that it was in substantial compliance with all requirements on the survey date, and denies that any deficiency exists or existed or that any such plan is necessary. Neither the submission of such plan, nor anything contained in the	9/19/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/13/2019
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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 804	<p>Continued From page 1</p> <p>The Dietary Manager (DM) checked the food temperatures using the same calibrated thermometer and they were: beef stroganoff over the noodles 122 degrees F and vegetable blend 104 degrees F. The food was tasted with the DM and tasted cool to cold. The DM stated the food was not warm enough to be served to the residents and he expected the food to be hotter when served.</p> <p>An interview with the Administrator on 8/22/19 at 2:15 pm revealed it was her expectation that the resident ' s food was served at the correct temperature.</p>	F 804	<p>plan, should be construed as an admission of any deficiency, or of any allegation contained in this survey report. The facility has not waived any of its rights to contest any of these allegations or any other allegation or action. This plan of correction serves as the allegation of substantial compliance.</p> <p>Prefix Tag: F804 It is the intent of this facility to provide food and drink that is palatable, attractive and is at a safe and appetizing temperature.</p> <p>1) How corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Beginning immediately following survey exit on 8/22/2019, the Homemakers responsible for bringing the food from the main kitchen to the individual pantries were instructed to check the carts to determine that all ordered food is present on the heated cart prior to leaving the main kitchen. This included all ordered items, special items and each texture of food required for the residents. The Dietary Manager will monitor the tally sheets from each meal. The Homemakers that serve the food and the Cook that prepared the food will sign indicating that the cart has been checked and is ready to go to the individual pantries. The roster containing each resident, their diets and the dining area</p>		

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F 804	Continued From page 2	F 804	<p>that they eat in is printed daily so that the Cook and Homemaker can ensure sufficient quantities of food are taken to the individual dining rooms.</p> <p>Starting 8/22/2019, the Dietary Manager began providing education to all dietary staff members responsible for preparation of food and staff members responsible for serving food. Education provided included the process of ensuring that the meal cart is prepared for delivery to the individual dining areas. All team members responsible for monitoring food temperatures received education verbally and in print regarding the correct food temperatures for both cold and hot foods. This education included:</p> <ul style="list-style-type: none"> * Cook will check food temperatures prior to food leaving the main kitchen * Homemaker will recheck the food temperatures after the food is placed on the steam tables * No food item can be served unless it is at the correct temperature <p>2) How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>Since all food is prepared in the main kitchen and dispersed to the individual pantries, the opportunity for improvement was identified. The team identified the accuracy of the meal cart and the timeliness of the delivery of the cart to the individual pantries did not always maintain</p>		

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F 804	Continued From page 3	F 804	<p>the proper temperatures on the steam tables. The Dietary Manager and Nursing Home Administrator determined that all residents have the potential to be affected by the same alleged deficient practice.</p> <p>The plan of correction will apply to all of our residents.</p> <p>3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur</p> <p>Upon receipt of the 2567 on 9/4/2019, the Nursing Home Administrator and Dining Service Manager met immediately to discuss the events that led to this alleged deficient practice. On 9/5/2019, a Root Cause Analysis was completed by the Nursing Home Administrator, Director of Nursing, Registered Dietician and Dietary Manager to ensure that the root cause was identified. Upon completion of the Root Cause Analysis, it was determined that an incorrect quantity of food and a lack of the correct textured foods brought from the main kitchen triggered a delay in food delivery. Homemaker staff were observed having to go back to the kitchen several times to get requested food to be able to plate food for the trays going to the hallways. From the time the food temperatures were taken on the steamtable (11:55am) to the time the last hallway tray was delivered (12:32pm) exceeded the time that our tray system can hold temperatures.</p>		

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F 804	Continued From page 4	F 804	<p>Additional training was added after 9/5/2019:</p> <ul style="list-style-type: none"> * If food delivery takes longer than 30 minutes, the Homemaker will check and record all food items still on the steamtable. Each time this occurs the team will review the process for opportunities for improvement. All food temperatures will be placed on the Hazard Analysis Critical Control Point sheet located in the individual pantries. The Dietary Manager and the Dietary Supervisor for Healthcare will ensure that the Hazard Analysis Critical Control Point sheets are completed daily. * The Dietary Manager, Registered Dietician or Dietary Supervisor for Healthcare will audit food temperatures daily in each pantry on a rotating basis as well as from each mealtime on a rotating basis for two weeks beginning 9/7/2019 and then three times weekly for two additional weeks and then weekly. These temperatures will be compared to the temperatures on the Hazard Analysis Critical Control Point sheet and the Nursing Home Administrator will be notified immediately of any discrepancies. * Copies of the Hazard Analysis Critical Control Point sheets will be given to the Nursing Home Administrator each week for a total of three months * Beginning 9/7/2019 - dining service employees will not be allowed to work in Healthcare serving food until the above education has been completed. 		

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F 804	Continued From page 5	F 804	<p>To ensure that the food remains at a palatable temperature, all food that is placed on a cart for hallway service will be plated on a plate that has been kept in a plate warmer set at 200 degrees. The plate will then be placed on a silver pellet that has been kept at 200 degrees in the heated carts. This is then placed on a base with a domed lid.</p> <p>Beginning 9/7/2019, a test tray will be prepared daily for two weeks from each of our pantries on a rotating basis. Mealtimes will be rotated so as to ensure that food temperatures are palatable at all mealtimes. After two weeks, test trays will be prepared three times a week (with one day being on the weekend) from each pantry on a rotating basis and from each meal time for two additional weeks and then weekly. The trays will be tested by either the Registered Dietician, Dietary Manager or Dietary Supervisor for Healthcare and the results will be placed on the Sodexo Tray Assessment Form. These forms will be given to the Nursing Home Administrator daily to ensure compliance with this Plan of Correction and so that additional corrective actions can be made if needed.</p> <p>Any newly hired dietary employees that are responsible for either preparing food or serving residents will receive the above education prior to working independently. The Dietary Manager will provide proof of the education to the Staff Development</p>		

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F 804	Continued From page 6	F 804	Coordinator for the employee's file prior to the employee working independently. 4) How the facility plans to monitor its performance to make sure that solutions are sustained; and include dates when corrective action will be completed. These corrective measures will be monitored by the Dietary Manager with oversight by the Administrator through the QAPI process to ensure the plan of correction is effective and that the deficiency cited remains corrected and/or in compliance with the regulatory requirements. The Dietary Manager will report on the corrective measures to the QAPI Committee which will evaluate for effectiveness for a minimum of 12 months. The Committee will make further recommendations to adjust the corrective measures as needed. The Committee is authorized to charter Performance Improvement Projects when most appropriate. The Administrator is responsible to see that recommendations are acted upon in a timely manner.		
F 812 SS=F	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	F 812		9/19/19	

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F 812	<p>Continued From page 7</p> <p>from local producers, subject to applicable State and local laws or regulations.</p> <p>(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.</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility failed to serve cold food at the required temperature, maintain clean dishware, allow cookware to air dry and store open foods in sealed, labeled and dated containers. This was evident in 4 of 4 kitchen observations.</p> <p>Findings Included:</p> <p>1. An observation of the kitchen on 8/19/19 at 10:45 am with the Dietary Manager (DM) revealed the following:</p> <p>a. A case of chicken tenders, hamburger patties and onion rings were open, exposed to the air and not labeled or dated in the walk-in freezer.</p> <p>b. 9 of 13 third size steamtable pans and 8 of 12 half size steamtable pans were stacked together wet on a storage shelf for clean pots and pans.</p> <p>An interview with the DM on 8/19/19 at 11:00 am revealed he expected all open food items to be sealed, labeled and dated. He stated the wet steamtable were stored by the second shift on the previous day. The DM explained the staff were aware the pans needed to be air dried before</p>	F 812	<p>Prefix Tag: F812</p> <p>It is the intent of this facility to serve cold food at the required temperature, maintain clean dishware, allow cookware to air dry and store open foods in sealed, labeled and dated containers. It is the intent of this facility to store, prepare, distribute and serve food in accordance with professional standards for food service safety</p> <p>1) How corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>* On 8/19/2019, all wet steamtable pans were immediately removed, washed, rinsed, sanitized and allowed to air dry by dietary staff and inspected by the Dietary Manager.</p> <p>* On 8/19/2019, the Dietary Manager inspected all storage areas for open, unwrapped and unlabeled items. Corrections were made and all food was</p>		

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F 812	<p>Continued From page 8</p> <p>being stacked on the shelf. He added there were several drying shelves where the staff should have left the steamtable pans to air dry before they put them away.</p> <p>2. An observation of the 300-hall service kitchen on 8/21/19 at 11:55 am revealed the following:</p> <p>a. Homemaker #1 in the service kitchen took the temperatures of the food on the steam table using a calibrated thermometer. The chicken salad registered 50 degrees F and the staff member placed the chicken salad back into the refrigerator. She began service of the resident ' s meal trays and was observed to make a chicken salad sandwich using the chicken salad she had placed in the refrigerator. The tray was assembled and placed on the cart to be delivered to the resident. The staff member had not re-checked the temperature of the chicken salad prior to serving the chicken salad sandwich. The temperature was then taken of the chicken salad and it was at 49 degrees F.</p> <p>b. 10 of 10 coffee mugs were heavily stained and stored in a cabinet to be used for service to the residents.</p> <p>An interview with Homemaker #1 on 8/21/19 at 12:00 pm revealed she had not re-checked the temperature of the chicken salad before preparing a resident ' s meal tray. She stated the chicken salad was not at the correct temperature and should not have been served.</p> <p>3. An observation of the 200- hall service kitchen on 8/21/19 at 11:50 am revealed 20 of 20 coffee mugs were heavily stained and being used for service to the residents.</p> <p>4. An observation of the 400-hall service kitchen</p>	F 812	<p>closed, dated and labeled appropriately</p> <p>* On 8/21/2019, the 300 hallway homemaker did not serve the chicken salad that was above the approved temperature. The chicken salad was cooled to proper temperature.</p> <p>* On 8/22/2019, the Dietary Manager validated that all stained coffee mugs were removed from the service kitchen areas.</p> <p>2) How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>Since all food is prepared in the main kitchen and dispersed to the individual pantries, maintaining and documenting proper temperatures by using steam tables and refrigeration is critical, the Dietary Manager and Nursing Home Administrator determined that all residents have the potential to be affected by the same alleged deficient practice.</p> <p>The Plan of Correction will apply to all residents in Healthcare.</p> <p>3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur</p> <p>Starting 8/22/2019 the Dietary Manager began providing education to all dietary staff to include:</p> <p>* Washing pots and pans with a focus on wet nesting <input type="checkbox"/> allowing all pots and pans to air dry.</p> <p>* Receiving and storing food with a focus</p>		

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F 812	<p>Continued From page 9</p> <p>on 8/21/19 at 12:00 pm revealed 12 of 12 coffee mugs were heavily stained and located on the tray line for service to the residents.</p> <p>An interview with the DM on 8/21/19 at 12:15 pm revealed the stained coffee mugs had been identified as a concern from the resident council meeting and they had started to de-stain the mugs twice monthly versus once a month. He stated he thought all the mugs had all been de-stained, but they had obviously missed some. The DM explained the homemakers were responsible to bring dishes that needed to be de-stained to the main kitchen where the supplies were located for this process.</p> <p>An interview with the Administrator on 8/22/19 at 2:15 pm revealed it was her expectation that dishes were not stored wet, food was covered and dated, food was served at the correct temperature and the coffee mugs would have no stains.</p>	F 812	<p>on food storage and ensuring all food will be closed, wrapped, labeled and dated.</p> <p>On 9/5/2019, a Root Cause Analysis was completed by the Dietary Manager, Nursing Home Administrator and Registered Dietician to determine the system failure responsible for these alleged deficiencies. Upon completion, it was determined that staffing changes, lack of auditing accountability and staff education all contributed to the undesired outcomes.</p> <p>To address these causes, additional education began on 9/6/2019 for all dietary staff to include:</p> <ul style="list-style-type: none"> * Critical control points- focus on holding hot food at 140 or higher and cold food at 40 or below. Staff were also educated on the proper procedure when those standards are not met. Visual reminders were placed in work areas. * All cold food items are to be brought to the individual pantries before other food items and placed in the refrigerator or freezer. * All food temperatures of both hot and cold foods will be placed on the Hazard Analysis Critical Control Point sheet each meal, each day. * Revised cleaning procedures for removing stains on dishes/cups. All stained dishware will be dipped on the last day of every month or more frequently as needed. <p>The Dietary Manager, Dietary Supervisor</p>		

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F 812	Continued From page 10	F 812	<p>for Healthcare and Registered Dietician will begin utilizing an additional form, Leadership Accountability worksheet. This form will cover daily operation of Dining Service:</p> <ul style="list-style-type: none"> * Cooking Temperatures * Hot Food Temperatures * Cold Food Temperatures * Beginning and ending of service * All food storage has been checked for proper label, closure, and dating * Dishes are air dried * Unusual staining of dishware * Notes Section for documenting when corrective action has been taken <p>To ensure that these changes are maintained, a Food Safety Audit will be performed twice weekly by either the Dietary Manager, Registered Dietician or Dietary Supervisor for a period of two weeks, then weekly. During this time, the Nursing Home Administrator or designee will do an additional random audit weekly for four weeks and then at least monthly.</p> <p>9/6/2019 all coffee mugs have been replaced with less porous coffee mugs.</p> <p>Newly hired dietary employees will receive the above training as appropriate for their individual job duties. The Dietary Manager will provide the Staff Development Coordinator with proof that the employee has had the appropriate training and can demonstrate competency prior to the employee working independently.</p>		

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F 812	Continued From page 11	F 812	<p>4) How the facility plans to monitor its performance to make sure that solutions are sustained; and include dates when corrective action will be completed.</p> <p>These corrective measures will be monitored by the Dietary Manager with oversight by the Administrator through the QAPI process to ensure the plan of correction is effective and that the deficiency cited remains corrected and/or in compliance with the regulatory requirements. The Dietary Manager will report on the corrective measures to the QAPI Committee which will evaluate for effectiveness for a minimum of 12 months. The Committee will make further recommendations to adjust the corrective measures as needed. The Committee is authorized to charter Performance Improvement Projects when most appropriate. The Administrator is responsible to see that recommendations are acted upon in a timely manner.</p>		