

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

PRINTED: 02/07/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/09/2020
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-ELKIN			STREET ADDRESS, CITY, STATE, ZIP CODE 560 JOHNSON RIDGE ROAD ELKIN, NC 28621		
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E 000	Initial Comments	E 000			
F 000	An unannounced Recertification survey was conducted on 1/6/20 through 1/9/20. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #5EN311.	F 000			
F 583 SS=D	INITIAL COMMENTS A recertification and complaint survey was conducted from 1/6/20 through 1/9/20. 1 of the 23 complaint allegations was substantiated with deficiency at F695. Event ID #5EN311. Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure	F 583		2/6/20	

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

TITLE

(X6) DATE

Electronically Signed

02/02/2020

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 583	<p>Continued From page 1</p> <p>and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, and staff interviews, the facility failed to secure care related information by storing a 3-ring binder (labeled with a resident ' s name) in a common hallway. The binder contained details of staff interactions with the resident and the type of care services provided for 1 of 25 current residents (Resident #7) reviewed.</p> <p>The findings included:</p> <p>Resident #7 was admitted to the facility on 11/8/17 from a hospital. Her cumulative diagnosis included Alzheimer ' s disease.</p> <p>A review of Resident #7 ' s annual Minimum Data Set (MDS) dated 10/10/19 indicated the resident had moderately impaired cognitive skills for daily decision making. She required limited assistance from staff for transfers, dressing, and toileting. The resident was reported to be independent with bed mobility, locomotion on the unit, eating, and personal hygiene.</p> <p>Resident #7 ' s comprehensive care plan included the following areas of focus, in part: --Problem Start Date: 10/10/2019-Resident has</p>	F 583	<p>IMMEDIATE CORRECTIVE ACTION</p> <p>The book containing personal information was removed on 1/8/2020 by the Director of Health services</p> <p>METHODS TO IDENTIFY ANY OTHER RESIDENTS WHO MIGHT BE AFFECTED</p> <p>Upon discussion with staff, on 1/8/2020 room and corridor audit conducted by DHS and nursing staff, no other patients affected by this practice.</p> <p>SYSTEMIC CHANGES</p> <p>On 1/8/2020 all administrator/Director of health services began staff education regarding resident personal information not being in public places, All staff not educated by February 6, 2020 will not be placed on schedule until education is complete. This education has been added to general orientation for all staff. The administrator/Director of health services and or facility managers will review the common spaces and corridor daily for 5</p>		

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F 583	<p>Continued From page 2</p> <p>impaired decision making skills related to Alzheimer ' s dementia with short and long term memory loss. She needs assist with toileting and transfers and needs frequent reminders throughout shift to call for assist. She has disturbance in judgement. She refuses to change clothes often ...</p> <p>--Problem Start Date: 10/10/2019-Resident has alteration in Activities of Daily Living (ADLs) related to diagnosis of Alzheimer ' s dementia with periods of confusion. She requires assist with toileting, transfers and bed mobility. She requires frequent reminders to call for assist with toileting and transfers. She has a diagnosis of chronic pain and takes opioids. She refuses at times to change her clothes, or will wear same clothes she wore the day before. She is not easily redirected and will curse at staff when trying to get her change clothes. She takes "sink" bath daily.</p> <p>An observation was conducted on 1/6/20 at 8:08 AM of a white, 3-ring binder wedged in between the chair rail and wall in the common hallway outside of Resident #7 ' s room (next to the door of her room). The front cover of the binder included the words, "Every 2 hours charting" and Resident #7 ' s name handwritten in large, black print. A review of the binder ' s contents revealed it included several pages with handwritten charting under the following topics: "rang" "wet/dry" and "comments." The first page of the binder was dated 12/26/19; the last notation was dated 1/6/20 at 4:00 AM. Care notes included in the binder related to incontinence care, clothing changes, and the resident's acceptance of care.</p> <p>An interview was attempted with Resident #7 on 1/6/20 at 8:33 AM. While the resident was able to</p>	F 583	<p>days, then weekly for 4 weeks, then monthly for 3 months, the Quarterly thereafter.</p> <p>MONITORING PROCESS</p> <p>DHS will track trend and analyze the personal information monitoring tool, and report findings to Quality assurance performance comminute monthly until continued compliance is maintained then Quarterly thereafter.</p> <p>DHS and Clinical competency coordinator Began Staff education 1/8/2020 on resident's rights to maintain secure and confidential medical records.</p> <p>All staff will be educated along with all new hires during orientation by Clinical competency coordinator by February 6, 2020</p> <p>Weekly room and corridor audits will be done weekly x's 2 by dept. managers then weekly x's 2 months.</p>		

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F 583	<p>Continued From page 3</p> <p>converse, she appeared to be an unreliable historian due to confusion.</p> <p>An observation conducted on 1/7/19 at 7:50 AM revealed the white binder was placed in between the chair rail and wall in the hallway outside of the resident's room.</p> <p>On 1/7/20 at 4:30 PM, the resident was observed as she was being pushed in her wheelchair down the hallway by a visitor. The white binder was observed to be wedged between the chair rail and wall in the hallway outside of the resident's room. The visitor was observed as she stopped in front of Resident #7's doorway, picked up the white binder, and paged through the papers contained within the binder. As the visitor was looking at the information contained in the binder, she was approached and introductions were made. The visitor was then observed as she placed the binder back where it had previously been stored.</p> <p>A review of Resident #7 ' s electronic and paper medical records revealed the identified visitor was not the resident ' s Responsible Party or Power of Attorney.</p> <p>An interview was conducted on 1/7/20 at 4:50 PM with Nursing Assistant (NA) #2. NA #2 reported she was very familiar with Resident #7 and had been assigned to care for her. During the interview, the purpose of the white binder stored in the hallway outside of the resident ' s room was discussed. The NA reported around Thanksgiving time, Resident #7's family questioned the care being provided for the resident. NA #2 reported the binder included notations (such as when the resident received toileting/incontinence care and was transferred</p>	F 583			

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F 583	Continued From page 4 out of bed) to document the care provided. An interview was conducted on 1/8/20 at 7:41 AM with the facility ' s interim Director of Nursing (DON). During the interview, the DON stated she was first made aware of the binder kept outside of Resident #7 ' s room yesterday afternoon (1/7/20). The DON reported the NAs utilized the binder to help document basic care provided to the resident because the family questioned if they were caring for the resident properly. The DON stated after she glanced at the binder and the information it contained, she told staff it couldn't be kept there and she removed it herself. The DON stated, "It absolutely shouldn't be there."	F 583			
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to code the Minimum Data Set (MDS) assessment accurately in the areas of special treatments and programs (Resident #52) for 1 of 28 residents reviewed for MDS accuracy. Findings include: Resident #52 was admitted from the hospital on 11/22/2019 with diagnoses Pneumonia and Acute Respiratory Failure. The resident's admission MDS dated 11/29/19 revealed that Resident #52 was admitted with	F 641	IMMEDIATE CORRECTIVE ACTION Once brought to DHS attention , MDS was corrected and resubmitted to state. METHODS TO IDENTIFY ANY OTHER RESIDENTS WHO MIGHT BE AFFECTED Report generated for all Bi-pap and C-pap□s for all assessments , and complete audit performed for accuracy of assessments. No other patients affected.	2/6/20	

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F 641	Continued From page 5 oxygen therapy and was on a ventilator. An observation of Resident #52 was first conducted on 1/6/2020 9:35 am in his room. He was receiving continuous oxygen via nasal cannula and there was a bilevel positive air pressure (BIPAP) machine on his bedside table. He was not observed to be on a ventilator. Subsequent observations were made on 1/7/20 at 8:30 am and on 1/8/20 at 2:15 pm and Resident #52 was not observed using a ventilator during these times. An interview was conducted on 1/9/2020 at 9:30 am with the MDS consultant who stated that ventilator was inadvertently checked on Resident #52's 11/29/19 MDS assessment in the place of BIPAP during the initial assessment.	F 641	MONITORING PROCESS Audit of all comprehensive assessments section O for accurate coding.		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and medical record review, the facility failed to include an order for oxygen in the electronic health record (EHR) upon re-admission to the facility for 1 of 4 residents (Resident # 62) reviewed for respiratory	F 695	IMMEDIATE CORRECTIVE ACTION Resident Oxygen order was placed in the medial record on 1/8/2020 after the physician was notified. By Eva Freeman	2/6/20	

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F 695	<p>Continued From page 6 care.</p> <p>The findings included:</p> <p>Resident #62 was admitted to the facility on 12/2/19. She discharged to the hospital on 12/22/19 and re-admitted to the facility on 12/29/19 with diagnoses that included, in part, chronic obstructive pulmonary disease (COPD) and acute respiratory failure.</p> <p>The admission minimum data set (MDS) assessment dated 12/9/19 revealed Resident #62 had moderately impaired cognition.</p> <p>A care plan updated 1/7/20 included a care plan for, "diagnosis of COPD and is on oxygen therapy." A care plan approach revealed, "Oxygen as ordered."</p> <p>Current physician (MD) orders were reviewed in the EHR on 1/7/20 at 3:30 PM. There was no order for oxygen listed in the orders.</p> <p>On 1/8/20 at 9:07 AM an observation was made of Resident #62. She was in bed and oxygen had been applied via nasal cannula. The oxygen concentrator indicated the oxygen ran at two liters.</p> <p>Nurse #1 was interviewed on 1/8/20 at 9:24 AM. She stated she was familiar with Resident #62's care and the resident wore oxygen. The current orders in the EHR were reviewed with Nurse #1 at the time of the interview and an order for oxygen was not located. Nurse #1 said orders for oxygen were obtained from the MD. She explained the order for oxygen should have been included in the cumulative order list and thought it</p>	F 695	<p>RN</p> <p>METHODS TO IDENTIFY ANY OTHER RESIDENTS WHO MIGHT BE AFFECTED</p> <p>The Director of Nursing and Nurse Managers conducted an audit of all patients currently receiving oxygen, new admits, readmits and patients with changes requiring oxygen administration, to ensure orders are complete in electronic health record. No other residents were identified during this audit.</p> <p>SYSTEMIC CHANGES</p> <p>Educate nurses on when applying oxygen d/t change of status making sure the order for oxygen is placed in electronic health record, It is responsibility of charge nurse to make certain if patient is receiving oxygen order is in electronic health record.</p> <p>The Director of Health Serves and/or Nurse Managers will review each new admit and or readmit orders the day after admission during clinical meeting to validate oxygen orders have been written as appropriate.</p> <p>The Director of Health Services / Nurse Mangers will audit all patients currently receiving oxygen, new admits, readmits and patients with changes requiring oxygen administration, to ensure orders are complete in electronic health record 5x□s a week x□s 2 weeks, then weekly</p>		

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F 695	<p>Continued From page 7</p> <p>might have been an oversight that it was not listed. She explained when a nurse entered orders in the EHR, if the nurse didn't save the order in the computer it dropped off the order sheet. She thought the oxygen was ordered once Resident #62 returned from the hospital and added the admitting nurse entered admission orders into the EHR. Nurse #1 further stated the MD was aware that Resident #62 was on oxygen therapy.</p> <p>During an interview with Nurse #2 on 1/8/20 at 10:05 AM, she confirmed she completed the admission orders when Resident #62 re-admitted to the facility. She recalled when Resident #62 returned to the facility she was on oxygen therapy. She said she obtained the orders from the hospital discharge summary and entered them in to the EHR. Nurse #2 remembered she wrote a nurse's admissions note that revealed the resident was on oxygen. The order list was reviewed with Nurse #2 during the interview and oxygen was not included in the list. Nurse #2 stated, "Either I didn't do it or I didn't hit save when I entered the order in and it disappeared."</p> <p>An admission nurse's note dated 12/30/19 indicated Resident #62 was on oxygen, 2 liters via nasal cannula.</p> <p>On 1/9/20 at 1:39 PM an interview was completed with the Director of Nursing (DON). She explained when a resident was admitted to the facility the admission nurse manually entered the physician orders into the EHR. Nursing staff used the EHR when they viewed orders and administered medications and treatments. The DON expressed she had talked with the nurse who completed Resident #62's admission and the</p>	F 695	<p>x□s 4, by nurse managers. We will review paper orders, compared to electronic health record to ensure accuracy ,</p> <p>MONITORING PROCESS</p> <p>Director of Health Services and/or administrator will take findings of the oxygen audit to the Quality Assurance / Performance Improvement committee monthly until 3 months of continues compliance is maintained then Quarterly x□s 9 months.</p>		

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F 695	Continued From page 8 nurse did not know how she missed the oxygen order but knew the resident received oxygen. The DON added that typically another nurse went behind the admitting nurse and verified MD orders were correctly entered into the EHR.	F 695			
F 761 SS=E	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 by: Based on observations and staff interviews, the facility: 1) Failed to dispose of an opened irrigation solution provided in a single dose	F 761	IMMEDIATE CORRECTIVE ACTION The Nurse removed and discarded the	2/6/20	

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F 761	<p>Continued From page 9</p> <p>container after its initial use as instructed by the manufacturer and stored in 1 of 2 medication carts observed (300/400 med cart); 2) Failed to dispose of expired medications stored in 1 of 2 medication carts (600 med cart) and in a medication room refrigerator for 1 of 1 medication store rooms (Front Medication Room) observed; and, 3) Failed to store a medication as specified by the manufacturer in 1 of 2 medication carts observed (600 med cart).</p> <p>The findings included:</p> <p>1. Accompanied by Nurse #1, an observation was made on 1/7/20 at 7:55 AM of the 300/400 medication cart. The observation revealed an opened 250 milliliter (ml) bottle of 0.25 % acetic acid solution for irrigation labeled for Resident #16 was stored on the medication cart. Approximately 200 ml of solution remained in the bottle. The bottle was dated as having been opened on 12/19/19. A review of the manufacturer ' s labeling on the bottle indicated the solution did not contain a bacteriostat (an agent that stops bacteria from reproducing). The manufacturer labeling indicated the bottle was a single-use container only and instructed any remaining solution to be discarded after the bottle was opened.</p> <p>An interview was conducted on 1/7/20 at 8:05 AM with Nurse #1. During the interview, the nurse reported the acetic acid solution for irrigation was normally sent out by the pharmacy in small, single dose vials. The nurse stated she was not sure why the pharmacy sent out a larger bottle this time. Nurse #1 stated she would toss this bottle of solution, "right now," and was observed as she disposed of the bottle.</p>	F 761	<p>expired medication on 1/8/2020.</p> <p>METHODS TO IDENTIFY ANY OTHER RESIDENTS WHO MIGHT BE AFFECTED</p> <p>The Director f Health Service, Nurse Consultant□s and Nursing staff audited the Medication carts and Medication rooms, and medication refrigerators on 1/8/2020 and 1/9/2020. All expired medications identified during the audit where removed and discarded.</p> <p>SYSTEMIC CHANGES</p> <p>Clinical competency coordinator began education with nursing staff and will complete in services by February 6, 2020 regarding manufacture recommendations with disposal and storage of medications. This education has been added to the general orientation of Licensed nurses. Facility consultant pharmacist will begin in-service on February 5, 2020 with all licensed nurses 3 consecutive months then Quarterly thereafter.</p> <p>The Charge Nurses will monitor the medication carts, mediation rooms, and medication refrigeration□s daily for 7 days, the weekly thereafter. The Director of Nursing and/or Nurse Managers will validate the Charge nurses review daily for 7 days then weekly thereafter. The Director of Health Services and/or Nurse Managers will continue to review the medication carts, medication rooms, and medication refrigerators monthly for 3</p>		

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F 761	<p>Continued From page 10</p> <p>An interview was conducted on 1/8/20 at 5:42 PM with the facility ' s interim Director of Nursing (DON). During the interview, the DON discussed her expectations for the proper storage of medications. She reported the bottle of acetic acid solution was typically sent out by pharmacy in smaller containers. The DON stated she had already talked with the consultant pharmacist about this concern.</p> <p>2-a. Accompanied by Nurse #4, an observation of the 600 medication cart was conducted on 1/7/20 at 2:40 PM. The observation revealed an unopened foil pouch containing a 108 micrograms/actuation Ventolin HFA inhaler dispensed for Resident #78 was stored on the med cart. The manufacturer ' s expiration date printed on the foil pouch of the inhaler was June 2019.</p> <p>An interview was conducted with Nurse #4 on 1/7/20 at 2:55 PM. During the interview, the nurse confirmed the Ventolin inhaler found on the med cart was expired and needed to be disposed of.</p> <p>An interview was conducted on 1/9/20 at 11:28 AM with the facility ' s interim Director of Nursing (DON). During the interview, the DON reported she would expect expired medications to be discarded or returned to the pharmacy.</p> <p>2-b. Accompanied by Nurse #1, an observation was conducted of the front Medication Room on 1/7/20 at 8:10 AM. The observation revealed an opened bottle of Magic Mouthwash (a compounded medication) dispensed by the pharmacy on 11/29/19 for Resident # 13 was</p>	F 761	<p>months then quarterly thereafter.</p> <p>MONITORING PROCESS</p> <p>DHS will take the analysis of the Medication review to Quality assurance / Performance Improvement Committee monthly until 3 months of sustained compliance is maintained then quarterly thereafter.</p>		

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F 761	<p>Continued From page 11</p> <p>stored in the refrigerator. The mouthwash had an expiration date of 12/11/19 printed on the pharmacy label. Additionally, a pharmacy auxiliary label placed on the bottle by the pharmacy read, "Discard after 12/11/19." Approximately 200 milliliters (ml) of mouthwash remained in the bottle.</p> <p>An interview was conducted on 1/7/20 at 8:15 AM with Nurse #1. During the interview, the nurse confirmed the medication was expired. Although she did not think this medication was still being used for the resident, Nurse #1 stated staff must have forgotten "to toss it."</p> <p>An interview was conducted on 1/9/20 at 11:28 AM with the facility ' s interim Director of Nursing (DON). During the interview, the DON reported she would expect expired medications to be discarded or returned to the pharmacy.</p> <p>3-a. Accompanied by Nurse #4, an observation of the 600 medication cart was conducted on 1/7/20 at 2:40 PM. The observation revealed an opened bottle of 200 micrograms/actuation calcitonin nasal spray (a medication used for the treatment of high levels of calcium in the blood or for postmenopausal osteoporosis) labeled for Resident #88 was stored lying on its side in a drawer of the medication cart. The manufacturer ' s labeling on the bottle read, in part: "Store in refrigerator until opened, then at room temperature in an upright position."</p> <p>An interview was conducted with Nurse #4 on 1/7/20 at 2:55 PM. During the interview, the nurse reported she had not noticed the instructions to store the bottle upright. She was observed to place the calcitonin bottle upright in a</p>	F 761			

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F 761	Continued From page 12 drawer of the med cart. An interview was conducted on 1/8/20 at 5:42 PM with the facility ' s interim Director of Nursing (DON). During the interview, the DON discussed her expectations for the proper storage of medications. Upon inquiry, she reported her expectation would be for the calcitonin nasal spray to be stored upright in the med cart. 3-b. Accompanied by Nurse #4, an observation of the 600 medication cart was conducted on 1/7/20 at 2:40 PM. The observation revealed an unopened vial of Novolin R insulin dispensed from the pharmacy on 1/6/20 for Resident #335 was stored on the med cart. A pharmacy auxiliary sticker on the insulin container read, "Refrigerate until opened." An interview with Nurse #4 was conducted on 1/7/20 at 2:55 PM. During the interview, the nurse reported unopened insulin vials needed to be stored in the refrigerator. An interview was conducted on 1/8/20 at 5:42 PM with the facility ' s interim Director of Nursing (DON). During the interview, the DON discussed her expectations for the proper storage of medications. When asked, she reported insulin vials were expected to be kept in the med room refrigerator until opened.	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	F 812		2/6/20	

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F 812	<p>Continued From page 13</p> <p>approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly 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, staff interviews and record reviews, the facility failed to label, and date opened refrigerated food items; failed to label and date refrigerated food that was brought in from outside the facility; and failed to discard expired food available for use in 3 of 3 of nourishment refrigerators.</p> <p>Findings included:</p> <p>Review of the facility's policy related to Food Storage revealed the following: Policy dated 6/14/2016 titled "Labeling, Dating and Storage", read in part that food and or beverage items will be properly labeled with the name of the item, an open date, and a discard date. Foods will be stored in their original container or in an approved container or wrapped tightly with film, foil, etc. and clearly labeled with the name of the item and discard date. Prepared food and/or beverage items will be discarded within 48 hours of preparation.</p>	F 812	<p>IMMEDIATE CORRECTIVE ACTION</p> <p>Immediately when brought to staff attention, all items not properly labeled and or expired was discarded.</p> <p>METHODS TO IDENTIFY ANY OTHER RESIDENTS WHO MIGHT BE AFFECTED</p> <p>Complete audit of all refrigerators by dietary, housekeeping, and nursing staff. Clinical Competency coordinator began education with all staff on proper storage, labeling and disposing of expired items. DHS will take to Quality assurance performance comminute monthly x□s 3, then Quarterly x□s 9 months.</p> <p>MONITORING PROCESS Refrigerator□s to be checked daily by</p>		

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F 812	<p>Continued From page 14</p> <p>Policy dated 1/9/2018 titled "Patients/Residents' Personal Food" read in part the patient/resident's personal items will be maintained in a clean, healthy environment to help prevent foodborne illnesses. Those items stored in the nursing unit refrigerator must be kept to a minimum due to limited space. Food requiring refrigeration must be labeled and dated and will be discarded after 48 hours.</p> <p>A sign taped to the side of the nourishment room #1's refrigerator read: "Please put name and date on all items. They will be thrown away after 3 days no exceptions."</p> <p>On January 6, 2020 beginning at 7:05 a.m., the following observation were conducted.</p> <p>a. Nourishment room #1 for the 200, 300 and part of 400 hall was inspected. Review of the items in the refrigerator revealed a one-pound package of strawberries with a resident's last name, and no date. A half full opened container of high calorie drink 2.0 vanilla with a manufacturer's recommendation to use within 3 days after opening, did not have an "opened" date on the container. The "best used by" date was 6/15/2020. A container of thickened sweet tea with lemon flavor had an "opened" date of 11/12/19 with a manufacturer's recommendation to use within 7 days after opening. A container of thickened apple juice, with a manufacturer's recommendation to use within 7 days after opening, had an illegible "opened" date.</p> <p>b. Nourishment room #2 for the 400 and 500 halls was inspected. Review of the items revealed 2 of 2 cans of calorie and protein dense drink did not have an "opened" date and expired on 11/1/19. A container of pudding expired</p>	F 812	<p>staff and necessary items will be discarded as warranted .</p>		

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F 812	<p>Continued From page 15</p> <p>12/25/19, fat free milk expired 12/21/19 and a ½ pint of whole milk expired 1/3/20.</p> <p>c. Nourishment room #3 for the 100 halls was inspected. Review of the items revealed the following items:</p> <p>2 of 2 cherry vanilla yogurts with an expiration date of 12/12/19 and 2 of 2 cherry vanilla yogurts with an expiration date of 12/24/19.</p> <p>A four-inch square plastic container with leftover food containing meat, potatoes and bread, had the resident's name and room number but no date.</p> <p>A ½ pint container of whole milk with an expiration date of 1/5/20.</p> <p>A white plastic bag with two Styrofoam plates containing a piece of yellow cake and one piece of cheese cake had the resident's name, but no date.</p> <p>An unlabeled and undated cottage cheese container in the back of the refrigerator, contained noodle casserole which was frozen.</p> <p>A container of Flax milk with the resident's first name and a manufacturer's expiration date of 2/1/20 in the back of the refrigerator. The container did not have an opened date and stuck to the shelf when removing. The item was frozen.</p> <p>One unlabeled lunch maker cracker crunchers contained bologna, cheese, crackers and a butter finger candy bar with a manufacturer's expiration date of 12/3/19.</p> <p>On unlabeled container of pineapple and cherries was also present.</p> <p>On 1/8/2020 at 1:30 p.m. an inspection of all the nourishment rooms with the Dietary Manager (DM) was completed. The DM discarded all the expired and unlabeled food items. DM was shown the sign taped to the side of the refrigerator from</p>	F 812			

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F 812	<p>Continued From page 16</p> <p>housekeeping in nourishment room #1 which did not match their policy for removal. DM removed the note on the side of the refrigerator and gave it to the housekeeping manager.</p> <p>An interview on 1/8/2020 at 1:30 p.m. with the DM who stated that the Nursing Assistants (NA) are to date the items and they are allowed for 48 hours. DM was not clear on who was responsible for removing the expired items.</p> <p>An interview on 1/9/2020 at 3:31 p.m. with a NA #1 who stated that foods brought in from families should be labeled, dated and have the resident's name and room number on the item.</p> <p>An interview on 1/9/2020 at 3:35 p.m. with the Director of Nursing who stated that the nourishment room refrigerators was a joint effort with the NA, dietary department and housekeeping to make sure the food was labeled and disposed of according to policy.</p>	F 812			