

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

PRINTED: 03/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345269	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/04/2020
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 1505 BRINGLE FERRY ROAD SALISBURY, NC 28146		
(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 000	INITIAL COMMENTS A complaint investigation survey was conducted on 2/4/2020 Event ID# 99T811. 1 of the 1 complaint allegation was substantiated resulting in a deficiency.	F 000			
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 label and date a container which contained a food thickener in 1 of 2 nourishment areas and failed to ensure a canned food and two boxes of unopened straws were stored off the floor in 1 of 1 dry storage rooms in the kitchen. Findings included:	F 812		2/24/20	
			THE PREPARATION AND SUBMISSION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE AN ADMISSION OR AGREEMENT BY THE PROVIDER OF THE TRUTH OF THE FACTS ALLEGED OR OF THE CONCLUSIONS STATED ON THIS STATEMENT OF DEFICIENCIES. THIS PLAN OF		

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

TITLE

(X6) DATE

Electronically Signed

02/24/2020

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 812	Continued From page 1 1. During the tour of the nourishment rooms on 2/4/20 at 9:53 AM, the nourishment room at the main nursing station revealed a storage container with a powdered substance with no label to indicate what the powdered substance was and no expiration date or when it was placed in the container. Interview with the Director of Nursing (DON) on 2/4/20 at 9:53 AM revealed the powder in the container was thickener that used to thicken food or beverage items brought in by family members for resident use and was provided by the facility kitchen. She immediately emptied the powder from the storage container into the trash can in the nourishment room. An interview on 2/4/20 at 10:02 AM with the Dietary Manager (DM) revealed that the thickener comes in bulk and is sent from the kitchen to the floor as needed for products brought in by families and used by nursing staff. She stated that the kitchen staff is supposed to label and date the thickener when placed in a container and sent to the nourishment room. An interview was conducted with Nurse #1 at 10:58 AM on 2/4/20 and she stated she had not used the thickener in the nourishment room, but other staff may have. Nursing Assistant (NA) #1 was interviewed on 2/4/20 at 11:04 AM. NA #1 stated that she had used the thickener powder that was in the nourishment room the previous day for a resident and at that time, it did not have a label on it but it was usually labeled. 2. During a tour of the dry storage room in the kitchen on 2/4/20 at 10:14 AM, a can of tomato ketchup and 2 boxes of unopened straws were observed to be stored directly on the floor under	F 812	CORRECTION IS PREPARED AND SUBMITTED SOLELY BECAUSE OF REQUIREMENTS UNDER STATE AND FEDERAL LAW. 1. CORRECTIVE ACTION FOR THOSE ITEMS FOUND TO HAVE BEEN AFFECTED: Upon finding the thickener in the cabinet in the main nourishment room, the item was removed and discarded immediately on 2/4/20. Upon finding the unopened can of tomato ketchup and two boxes of unopened straws on the kitchen stock room floor, these items were thrown away on 2/4/20. 2. CORRECTIVE ACTION FOR THOSE AREAS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All food storage locations throughout the facility were inspected and were found to be in compliance as of February 4, 2020 at 4:00pm. MEASURES PUT INTO PLACE OR SYSTEMATIC CHANGES TO ENSURE DEFICIENT PRACTICE DOES NOT RECUR: All current staff members in the facility were re-educated by the facility Administrator, the corporate Regional Registered Dietician and the corporate Regional Registered Nurse Consultant regarding the facility policies regarding dry		

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F 812	Continued From page 2 the shelving. The Dietary Manager stated during the observation on 2/4/20 at 10:14 AM that all food and serving products are to remain on the shelves and cannot be on the floor at any time. She also stated that staff have been trained that no items are allowed on the floor.	F 812	<p>food, refrigerated food and frozen food storage.</p> <p>The kitchen stock room, walk-in cooler and walk-in freezer are inspected after each meal by the facility dietary manager or designee and audit results documented.</p> <p>The main nourishment room and 600 hall nourishment room cabinets, refrigerators and freezers are inspected every four hours everyday by the Administrator and/or designees and audit results documented.</p> <p>PERFORMANCE MONITORING:</p> <p>The kitchen stock room, walk-in freezer and walk-in refrigerator will be inspected by the facility dietary manager or designee with audit results documented after each meal for 7 weeks, then 5 days/week for 3 weeks then weekly for 4 weeks. The Certified Dietary Manager will report the results of all monitoring and corrective action to the Quality Assurance and Performance Improvement committee monthly for review for the time frame of the monitoring period or as it is amended by the committee.</p> <p>Both nourishment center's cabinets, refrigerators and freezers will be inspected by the Administrator and/or designees with audit results documented every 4 hours for 7 weeks, then 5 days/week for 3 weeks then weekly for 4 weeks. The Administrator will report the</p>		

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F 812	Continued From page 3	F 812	results of all monitoring and corrective action to the QAPI committee monthly for review for the time frame of the monitoring period or as it is amended by the committee.		