

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

PRINTED: 11/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2021
NAME OF PROVIDER OR SUPPLIER CAROL WOODS			STREET ADDRESS, CITY, STATE, ZIP CODE 750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514	
(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
E 000	Initial Comments An unannounced recertification survey was conducted on 10/4/2021 through 10/7/2021 The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #TXY811.	E 000		
F 582 SS=B	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.	F 582		10/22/21

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

TITLE

(X6) DATE

Electronically Signed

10/22/2021

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 582	<p>Continued From page 1</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to provide a Centers for Medicare and Medicaid Services (CMS) Notice of Medicare Non-Coverage (NOMNC) letter for discharge from Medicare Part A services for 2 of 3 residents reviewed for beneficiary protection notification review (Resident #171 and #172).</p> <p>Findings included:</p> <p>1. Resident #171 was admitted to facility for skilled services 08/24/21 with diagnoses that included hypertension (HTN) and muscle weakness. Resident #171 was discharged from the facility on 09/24/21.</p>	F 582	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice</p> <p>Carol Woods provided Form CMS-10055 to residents 171 and 172, and the Accounting Specialist contacted the residents' POAs so we can deliver the Form CMS 10123. A voicemail was left for both as they were not available. The Accounting Specialist will follow up in order to obtain signatures on the form. This has occurred on 10/20/2021.</p> <p>Address how the facility will identify other residents having the potential to be</p>		

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F 582	<p>Continued From page 2</p> <p>A review of the medical record revealed that Resident #171 was not issued a CMS Notice of Medicare Non-Coverage (NOMNC) letter which explained that Medicare A coverage for skilled services would end on 09/12/21.</p> <p>During an interview on 10/06/21 at 03:10 PM the Business Office Manager (BOM) revealed that Resident #171 had agreed to the facility-initiated discharge and had waived the right to appeal the discharge. The BOM stated that the NOMNC was not issued to Resident #171 and she was not aware of the NOMNC form prior to today.</p> <p>2. Resident #172 was admitted to the facility for skilled services on 08/10/21 with diagnoses that included osteomyelitis (infection of the bone) of left foot, diabetes, and dementia. Resident #172 was discharged from the facility on 09/15/21.</p> <p>A review of the medical record revealed that Resident #172 and/or Resident #172 's Responsible Party (RP) was not issued a CMS Notice of Medicare Non-Coverage (NOMNC) letter which explained that Medicare A coverage for skilled services would end on 09/12/21.</p> <p>During an interview on 10/06/21 at 03:10 PM the BOM revealed that Resident #172 's RP agreed with the facility-initiated discharge and waived the right to appeal. The BOM stated that the NOMNC was not issued to Resident #172 or Resident #172 's RP and that she was not aware of the NOMNC form prior to today.</p> <p>During an interview on 10/07/21 at 11:30 AM the Administrator revealed that the facility and the BOM were not aware of the NOMNC form that was required to be issued for Resident #171 and</p>	F 582	<p>affected by the same deficient practice We have had one resident have a drop in their level of care who remained in the facility. The Accounting Specialist has contacted the resident's POA regarding the Form CMS 10123. She will follow up when they are available. We currently have four residents on Medicare in the facility. We are in close communication with the team regarding any changes that may affect the payor source. The Accounting Specialist and Accounting Manager are also monitoring the census daily. Once we receive notification of a possible discharge from the facility or a drop in level of care to remain in the facility, we will then deliver the Form CMS 10123 and also Form CMS 10055.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur We have put together a business office admission packet. This packet includes the Medicare Secondary Payor form and also the Form CMS 10055 and Form CMS 10123. In addition an Admission/Discharge checklist has been created that the Accounting Specialist will complete for each admission and discharge.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained Within the new checklist are two line items for signatures. The first signature will be for the individual completing the</p>		

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F 582	Continued From page 3 #172.	F 582	forms (Accounting Specialist or designee) and the second will be for the auditor of the checklist (Accounting Manager or designee). The Accounting Manager will audit the checklist. The items will also be audited by the Triple Check Audit team during the group's monthly meeting that takes place the fourth Friday of every month. Results from the Accounting Manager's audit and the Triple Check Audit Team will be reported to the QAPI Team monthly by the Accounting Manager or her designee. This process will continue to be part of the monthly auditing work of the department, and results of these audits will be reported to the QAPI team for the next 3 months to ensure goals are met. Include dates when corrective action will be completed. The above changes have taken place on 10/20/2021. Resident 171 and resident 172 have been contacted on 10/20/2021, waiting on responses from POA's. The recently discharged resident's POA has been contacted on 10/20/2021, waiting on response. The business office admission packet has been created along with the newly created admission checklist on 10/20/2021		
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		10/25/21	

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F 812	<p>Continued From page 4</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 review the facility failed to maintain clean kitchen equipment on 3 of 3 days observed and staff failed to cover all hair while working in the kitchen for 4 of 14 staff observed.</p> <p>Findings included:</p> <p>1. During observation of the kitchen on 10/04/21 at 12:43 PM the following items were observed:</p> <p>a. The grill had hard black food debris on the top and in between the grates, food debris on sides and top of grill, the two drip pans located under the grill grates with food/grease debris, and a white rag with areas of dark brown substance in the right drip pan.</p> <p>b. The fryer was observed with debris on the outer surface, dark oil with sediment in the oil, and a dark liquid substance on the floor around the right front leg of the fryer.</p> <p>c. The steam kettle was observed with a white hard substance on the exterior of the steam</p>	F 812	<p>Corrective action taken: Grill, fryer, steam kettle and refrigerators have been cleaned (10/24/2021) and no debris, sediment, or dried/hard substances are present.</p> <p>How the facility will identify Other residents affected by the same deficient practice: Director inspected other food preparation areas of the kitchen; the Walk-In cooler and the Dish Washer were cleaned on 10/22/2021.</p> <p>What measures will be put into place or systemic changes to ensure that the deficient practice will not recur: Director and Executive Chef will train staff in the department on the cleaning procedure for all kitchen equipment on 10/24/21. Cleaning checklist posted in kitchen.</p>		

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F 812	<p>Continued From page 5</p> <p>kettle.</p> <p>d. The salad #2 refrigerator observed with a thick, tan dried substance on the door handle and grease with dust on the bottom front vent area that was sticky to the touch.</p> <p>During observation of the kitchen on 10/06/21 at 11:30 AM the following items were observed:</p> <p>a. The grill had hard black food debris on the top and in between the grates. The two drip pans under the grill grates had food/grease debris, and a white rag with areas of dark brown substance in the right drip pan.</p> <p>b. The fryer was observed with food debris on outer surface, dark oil with sediment in the oil, and a dark liquid substance on the floor around the right front leg of the fryer.</p> <p>c. The steam kettle was observed with white hard substance on the exterior of the steam kettle.</p> <p>d. The salad #2 refrigerator observed with a thick, tan dried substance on the door handle and grease with dust on the bottom front vent area that was sticky to the touch.</p> <p>During observation of the kitchen on 10/07/21 at 10:33 AM the following items were observed:</p> <p>a. The grill with hard black debris on top and in between the grates. The two drip pans under the grill grates with food/grease debris, and a white rag with areas of dark brown substance in the right drip pan.</p> <p>b. The steam kettle was observed with orange/brown hard substance on the exterior of the steam kettle.</p> <p>c. The salad #2 refrigerator observed with a thick, tan dried substance on the door handle and grease with dust on the bottom front vent area that was sticky to the touch.</p>	F 812	<p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: Supervisor on duty will inspect all kitchen equipment each day for cleanliness and, if cleaning is completed to the desired standard, will sign off on the completed cleaning checklist each day beginning 10/25/21. This will become part of the ongoing work of the department and will not have an end date.</p> <p>Corrective action taken: Staff are wearing hairnet/head covering in all areas of food service; during food prep, food service, and while walking through kitchen areas.</p> <p>How the facility will identify Other residents affected by the same deficient practice: Director inspected all food service areas, including dining rooms and kitchens; staff were observed wearing hairnets/head coverings</p> <p>What measures will be put into place or systemic changes to ensure that the deficient practice will not recur: Director and Executive Chef will train staff in the department on hairnet/head coverings and locations where necessary to be worn; Training to be completed by 10/27/21.</p> <p>Indicate how the facility plans to monitor</p>		

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F 812	<p>Continued From page 6</p> <p>During an interview on 10/06/21 at 11:45 AM the Dietary Cook Manager revealed that the grill and fryer were fully broken down and cleaned weekly. He stated that the grill and fryer should be wiped down after use and the drip pans under the grill were cleaned after use. The Dietary Cook Manager reported that staff were assigned to clean areas of the kitchen which included the grill, fryer, and refrigerators and were required to sign on the check list when completed. He was unable to provide the current cleaning check list with assignments.</p> <p>During an interview on 10/07/21 at 10:33 AM the Dietary Cook Manager presented a weekly cleaning list for staff cleaning assignments for kitchen appliances and surfaces daily and weekly. He stated the assignment list for the current week was not available and he did not have the previous weeks assignments to confirm the cleaning was completed. He reported the white rag should not have been in the drip tray. The Dietary Cook Manager stated that ultimately, he was responsible to confirm the cleaning was completed.</p> <p>During an interview on 10/07/21 at 10:44 AM Dietary Support Staff #3 revealed that he was not familiar with the weekly cleaning list for staff cleaning assignments. He stated he was not aware that he would be assigned to clean refrigerators or other areas of the kitchen.</p> <p>During an interview on 10/07/21 at 10:48 AM the Cook revealed that he was not familiar with the weekly cleaning list for staff cleaning assignments. He stated he was responsible for the grill and he stated he cleaned the grill twice a week.</p>	F 812	<p>its performance to make sure that solutions are sustained: Supervisor on duty will inspect all food service and prep areas throughout each day to ensure hairnet/head coverings are worn by all staff beginning 10/22/21. The Supervisor on duty will monitor use of hairnets/head coverings for 3 months, unless ongoing monitoring is recommended by the QAPI team at the end of those 3 months.</p> <p>For both areas noted, the Director or designee will report progress to the QAPI Team at the group's monthly meetings for at least 3 months. Monitoring and reporting will continue if recommended by the QAPI Team to ensure performance improvement.</p>		

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F 812	Continued From page 7 Record review of the Cleaning Procedure for Main Dining Room: Back-of-House checklist dated 10/07/21 revealed that the assigned staff was to clean any noticeable debris from the exterior of the refrigerator daily and scrub interior and exterior of the steam kettle daily. The grill and fryer were broken down, oil drained from fryer, and scrub interior and exterior of the grill and fryer. The checklist was to be initialed after task was completed. 2. During kitchen observation on 10/06/21 at 11:30 AM the Dietary Support Staff Supervisor was observed in the kitchen at the food preparation and cooking area with long, loose hair, her hair was in a ponytail down to middle of her back, hair was not restrained. An immediate interview revealed that she was not told that she was required to wear a hair net to cover her hair when she entered or was in the kitchen area. During a kitchen observation on 10/07/21 at 10:39 AM Dietary Support Staff #1 was observed entering the kitchen with his hair, not restrained. A continuous observation revealed that he walked past the food preparation/cooking area while food was being prepared and entered the break room. He exited the break room and entered the food storage room; his hair was not restrained. He exited the food storage room and entered the second food storage room; his hair was not restrained. He was observed exiting the second food storage room and exited the kitchen, his hair was not restrained. He obtained a hair net from the wall mounted file holder outside the kitchen entrance door and placed over his hair and returned to the kitchen at 10:42 AM. An immediate interview revealed he was aware a	F 812			

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F 812	<p>Continued From page 8</p> <p>hair net or a hat was required in the kitchen, but he just started his workday and did not put one on when he arrived.</p> <p>An observation on 10/07/21 at 10:40 AM Dietary Support Staff #2 walked through the kitchen to the food preparation/cooking area while food was being prepared her long hair with braids, gathered in a loose ponytail down to the lower back, not restrained. An immediate interview revealed she was aware a hair net was required but did not have it on. She was not able to state why she did not have a hair net in place over her braids. She exited the kitchen at 10:42 AM, hair not restrained.</p> <p>An observation on 10/07/21 at 10:45 AM Dietary Support Staff #4 entered the kitchen with a tray cart and walked past the food preparation/cooking area while food was being prepared, with her hair touching her shoulders, not restrained. An immediate interview revealed she was aware a hair net was required to keep her hair covered while in the kitchen. She stated she was returning the items to the kitchen and would get one.</p> <p>During an interview on 10/06/21 at 11:35 AM the Dietary Cook Manager revealed that hair nets or hats were required to be worn in the kitchen to keep hair contained. He stated the hair nets were outside each entrance to the kitchen. He was unable to say why staff entered the kitchen without the hair net on.</p> <p>During an interview on 10/07/21 at 11:30 AM the Administrator revealed that the Dietary Manager (DM) was on vacation and the Dietary Cook Manager oversaw the kitchen in the absence of</p>	F 812			

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F 812	Continued From page 9 the DM. She stated she was not familiar with the kitchen cleaning schedule but would attempt to obtain the cleaning guideline.	F 812			