

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/28/2023
NAME OF PROVIDER OR SUPPLIER THE GREENS AT SPRUCE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 218 LAUREL CREEK COURT SPRUCE PINE, NC 28777		
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F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted on 9/26/23 through 9/28/23. The following intakes were investigated: NC00200721, NC00201251, NC00201650, NC00206879, NC00204933. 16 of 16 allegations did not result in a deficiency. Event ID# WHZO11.	F 000			
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and staff and resident interviews the facility failed to label a tube feeding formula bag for 1 of 2 residents (Resident # 204).	F 693	On 9/26/23 resident #204 was found to not have a label on the tube feeding formula bag. A label including name, date, time, and feeding amount was	10/20/23	

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

TITLE

(X6) DATE

Electronically Signed

10/18/2023

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 693	Continued From page 1 The findings included: Resident #204 was admitted to the facility on 09/23/23 with diagnoses which included hemiplegia to the left dominant side, and gastrostomy status (surgical procedure for inserting a tube through the abdomen wall and into the stomach. The tube is used for feeding or drainage). Review of Resident #204's nursing admission assessment revealed the resident was cognitively intact and was independent with eating (oral intake) but was dependent for continuous tube feedings. Review of Resident #204's baseline care plan dated 09/23/23 revealed the resident received tube feedings. The goal for Resident #204 was to maintain weight. Review of a physician order dated 09/24/23 revealed an order for Resident #204 to receive Two Cal HN 120 millimeters (ml) per hour (hr) administered over a 2-hour period and to equal 240 ml three times a day via G-tube by kangaroo feeding pump at 6 AM, 3 PM, and 11 PM. Review of the MAR also revealed Nurse #7 signed off Resident #204 received his enteral tube feeding at 7:00 AM 09/25/23. Review of the Medication Administration Record (MAR) revealed Nurse #3 signed off Resident #204 received his eternal tube feeding at 11:00 PM on 09/25/23. An interview conducted with Nurse #3 on 09/28/23 at 5:00 PM revealed she had	F 693	immediately placed on the bag by the ADON. Resident #204 was the only resident in the facility on tube feed at the time, therefore no additional residents were identified to be at risk for harm related to the alleged deficient practice. On 9/26/23 through 9/27/23 all nurses were educated by the DON on the process of properly labeling tube feed formula bags with a label containing the resident name, date, time, and feeding amount. Any new CCH or agency nurse onboarding from 9/26/23 will be educated on the process of labeling tube feeding formula bags. DON or designee will audit all resident tube feeding 5 times a week x 2 weeks, then 2 times a week for 8 weeks beginning 09/26/23 to ensure that the tube feeding formula bag is labeled appropriately. DON or designee will review the audits and report the findings at monthly QAPI meetings until substantial compliance has been met. The DON is responsible for this Plan of Correction which will be completed by 10/20/23.		

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F 693	<p>Continued From page 2</p> <p>administered Resident #204's tube feeding at 7 AM and 11 PM on 09/25/23. Nurse #3 further revealed she had cleaned Resident #204 ' s reusable tube feeding formula bag around midnight on 09/25/23 and does not recall why she did not label the bag. Nurse #3 indicated she had been educated on labeling tube feeding formula bags with date, amount, and time.</p> <p>An observation and interview conducted with Resident #204 on 09/26/23 at 11:40 AM revealed the residents tube feeding formula bag was not labeled. Resident #204 further revealed nursing staff had not labeled the tube feeding formula bag. Resident #204 indicated nursing staff normally did and was supposed to.</p> <p>An observation conducted on 09/26/23 at 1:10 PM revealed Resident #204's tube feeding formula bag was not labeled.</p> <p>During an observation and interview on 09/26/23 at 2:50 PM Nurse #2 confirmed Resident #204's tube formula bag was not labeled. Nurse #2 stated Nurse #3 was responsible for hanging the feeding tube formula bag during the 11 PM to 7 AM shift. Nurse #2 further revealed Nurse #3 hung the bags during third shift on 09/25/23. Nurse #2 indicated the bags should have been labeled with the resident's name, date, feeding amount, and time. The interview further revealed Nurse #2 had been educated to label tube feedings bags.</p> <p>An interview conducted with the Director of Nursing (DON) on 09/28/23 at 4:50 PM revealed she expected all tube feeding formula bags to be labeled. The DON further revealed nursing staff had been educated on labeling and hanging tube</p>	F 693			

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F 693	Continued From page 3 feeding formal bags. The DON indicated the bags should be labeled with date, time, and feeding amount. An interview conducted with the Administrator on 09/28/23 at 6:00 PM revealed she expected all tube feeding formula bags to be labeled. The DON further revealed nursing staff had been educated.	F 693			
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 remove expired food items stored for use in the walk-in freezer, cooler, and dry goods storage room in the kitchen and failed to remove and/or label and date food items	F 812	1. On 09/26/23 the Dietary District Manager discarded food items that had been identified as undated, out of date, or not labeled with resident name. This included Salisbury steaks, cereals, flour	10/20/23	

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F 812	<p>Continued From page 4</p> <p>available for use in 1 of 2 nourishment rooms (100 Hall nourishment room). These practices had the potential to affect food served to residents.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. An observation and interview conducted on 09/26/23 at 9:35 AM with the Dietary District Manager revealed during the initial kitchen tour a bag of 11 frozen Salisbury steaks were observed to be undated in the walk-in freezer. The observation further revealed in the dry goods storage room was three cereals with the discard date 09/21/23, 09/24/23, and 09/14/23. Also included were flour tortillas with discard date 06/16/23, and 14 46 fl. ounce cartons of emergency orange juice with discard date 07/05/23. The dietary District Manager stated the items observed should have been discarded. 2. An observation and interview conducted on 09/26/23 at 10:00 AM with Nurse #1 revealed the nourishment room on the 100-hall had a pizza pocket in the freezer that was not labeled. The observation further revealed a peach yogurt with discard date 09/21/23 located in the refrigerator labeled with a resident's name. Nurse #1 indicated it was dietary staff's responsibility to check the nourishment rooms daily. Nurse #1 stated nursing staff had been educated on labeling residents' food and discarding of food also if observed expired. 3. An observation conducted on 09/28/23 at 11:45 AM with the Dietary District Manager revealed a bag of unopened cabbage in the cooler with the discard date 09/21/23. The Dietary District Manager further revealed the bag should have 	F 812	<p>tortillas, orange juice, frozen pizza pockets, and yogurt. On 9/28/23 the Dietary District Manager discarded out of date cabbage that had been identified as out of date.</p> <ol style="list-style-type: none"> 2. All residents are at risk of being affected by the alleged deficient practice. On 9/28/23 the Dietary District Manager inspected all food items in nourishment rooms on 100 hall and the main nourishment room. She inspected food items in the dry storage room, the reach in refrigerators, the walk in refrigerator, and the walk in freezer. No additional out of date, unlabeled, or undated food items were identified. 3. On 09/26/23 the Dietary Manager and all dietary staff present were in-serviced by the Dietary District Manager on the policy for labeling, dating, and safe storage of food items. On 10/19/23 other staff in-service was completed by the DON or designee on labeling and dating of food items when placing them in the nourishment refrigerators and discarding any food items observed to be unlabeled or out of date. All new staff or agency staff will be educated on labeling, dating, and safe food storage before their first shift. 4. All food storage areas will be observed by the Dietary Manager or designee for correct labeling, dating, and safe food storage 5 days a week x 2 weeks and then 2 times a week x 8 weeks to verify compliance. 	

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F 812	<p>Continued From page 5</p> <p>been discarded and dietary staff had been educated on checking refrigerators daily and discarding expired food.</p> <p>An interview conducted with the Dietary Manager (DM) on 09/27/23 at 2:30 PM revealed dietary staff had been educated checking all food and drinks daily in the kitchen. The DM further revealed the nourishment rooms were checked two times a day by dietary and items should have been discarded if expired as well. The DM indicated nursing staff was responsible for labeling residents items but does not know who the pizza pocket belonged to. The DM stated all foods observed found during observation should have been discarded or labeled.</p> <p>An interview conducted with the Administrator on 09/28/23 at 6:05 PM revealed she expected dietary and nursing staff to discard expired foods found in the kitchen or nourishment rooms. The Administrator further revealed nursing staff and dietary had been educated on discarding and labeling dietary items.</p>	F 812	<p>5. Audit data will be presented to QAPI monthly by the Dietary Manager. The QAPI Committee will review audit data and recommendation adjustments to the POC if needed. The Dietary Manager is responsible for this Plan of Correction which will be completed by 10/20/23</p>		