

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

PRINTED: 09/29/2011  
FORM APPROVED  
OMB NO. 0938-0391

*Received  
10/17/11*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  09/15/2011
NAME OF PROVIDER OR SUPPLIER  GUARDIAN CARE OF ZEBULON INC			STREET ADDRESS, CITY, STATE, ZIP CODE 609 W GANNON AVE ZEBULON, NC 27597		
(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 371 SS=E	<p>483.35(l) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on 1 of 2 observations, record review, and staff interviews, the facility failed to ensure dry storage items were dated after unsealing 10 of 10 spice bottles, 1 of 1 of unsealed containers of beef bouillon, 1 of 1 bottles of unsealed Worcestershire sauce, 1 of 1 bottles of unsealed sweet and sour sauce, 2 of 2 containers of corn flakes and rice crispy's cereal undated after unsealing from the original package and 1 of 3 unsealed cake mixes. The facility failed to ensure refrigerated items were dated after unsealing 1 of 1 jars of refrigerated mustard and ensuring 3 of 3 sour cream containers were disposed of by " the best used by date " (8/22/11). The facility failed to ensure sealing of items in the freezer such as 1/2 box of individual turkey patties. The facility also failed to ensure 4 of 4 vents were free of black matter and 1 of 1 air conditioning/heating ducts was free of exposed pink insulation. The facility also failed to maintain the 1 of 1 bowls of yogurt ready for serving at minimum of 41° Fahrenheit (F) or lower. The findings include:</p>	F 371	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F371</p> <ol style="list-style-type: none"> <li>1. Dry storage items in the nutritional services department that were not dated were discarded. Refrigerator items in the nutritional services department that were not dated were discarded. Freezer items in the nutritional services department that were not properly sealed were discarded. Vents in the nutritional services department were cleaned. Air conditioning / heating duct in the nutritional services department was sealed.</li> <li>2. Nutritional Services Manager was provided a one to one in-service regarding dating of dry and refrigerated items, proper sealing of freezer items and completing maintenance requests forms for maintenance needs including but not limited to dirty vents and exposed ducts.</li> <li>3. Nutritional Services Staff Members were provided an in-service regarding dating of dry and refrigerated items, proper sealing of freezer items and completing maintenance requests forms for maintenance needs including but not limited to dirty vents and</li> </ol>	10/11/11	

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

*Tasleim Ahmad*

TITLE

*Administrator*

(X6) DATE

*10/05/11*

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 371	<p>Continued From page 1</p> <p>Record review of the facility policy titled " Food Storage Guide," dated 10/31/10 revealed the following excerpts:</p> <p>" Proper food storage is essential for preserving food quality. This applies to foods stored prior to preparation, as well as, prepared foods (leftovers) placed in storage. Storage factors that impact the preservation of quality include holding period, temperature, and humidity. "</p> <p>" Food Dating and Labeling Guidelines</p> <p>1. Put the " delivery date " on cardboard cases and on individual items when removed from cardboard delivery cases. "</p> <p>Further record review of the " Quick Kitchen Sanitation Rounds " checklist revealed # 1 was " Food is labeled, covered and dated properly (refrigerator and freezer). " During additional review a check mark indicated this task had been completed on 9/5/11 - 9/9/11.</p> <p>1. Observations of the kitchen dry storage area on 9/12/11 at 2:47 pm revealed the following items had been unsealed and were undated:</p> <p>1 6 lb. (pound) bag of cake mix 1 5 qt. (quart) container of unpackaged rice crispy's 1 12 qt. container of unpackaged corn flakes 1 16 ounce (oz.) container of cinnamon 1 16 oz. container of paprika 1 1 gal. (gallon) container of flaked parsley 1 1 gal. container of flaked oregano 1 14 oz. bottle of powdered mustard 1 14 oz. container of garlic powder</p>	F 371	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>exposed ducts. Nutritional Services Manager and Acting Nutritional Services Supervisor will perform audits five times weekly for three months to validate: dry storage items in the nutritional services department are properly stored and dated; refrigerator items in the nutritional services department are properly stored and dated; freezer items in the nutritional services department are properly sealed; vents in the nutritional services department are clean; air conditioning / heating duct in the nutritional services department are sealed and maintenance requests forms are completed as needed. Executive Director will perform nutritional services rounds once weekly for three months to validate: dry storage items in the nutritional services department are properly stored and dated; refrigerator items in the nutritional services department are properly stored and dated; freezer items in the nutritional services department are properly sealed; vents in the nutritional services department are clean; air conditioning / heating</p>	10/11/11	

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F 371	<p>Continued From page 2</p> <p>1 14 oz. container of ground cumin 1 5 oz. container of garlic salt 1 14 oz. container of ground cumin 1 5 oz. container of garlic salt 1 16 oz. container of beef bouillon 1 1 gal. container of sweet and sour sauce 1 1 gal. container of Worcestershire sauce</p> <p>On 9/13/11 at 2:15 pm observations revealed of all the above unsealed items were dated 9/1/11 &amp; 9/18/11 and the unsealed beef bouillon was dated 9/13/11.</p> <p>The dietary manager stated all of the above items were the same items observed 9/12/11. She stated she used her invoices to date the items that were found undated yesterday. The manager revealed she threw away the unsealed and undated sweet and sour sauce and the cake mix.</p> <p>An interview on 9/13/11 at 3:00 pm with the dietary manager revealed all cooks are responsible for dating food items when they unseal them. The dietary manager indicated she checks all food products daily except the weekends for dating of all unsealed food items. The manager stated on the weekend the assistant dietary manager checks for dating of unsealed food items.</p> <p>An interview with the Administrator on 9/15/11 at 10:59 am revealed he expected all unsealed food products be dated. He revealed this problem would be corrected immediately.</p> <p>2. Observations of cooler # 1 on 9/12/11 at 2:51 pm revealed 2 sealed 2.5 pound containers of</p>	F 371	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>duct in the nutritional services department are sealed and maintenance requests forms are completed as needed.</p> <p>4. Results of Nutritional Services Audits will be reviewed by the Center's Performance Improvement Committee monthly for three months for analysis and further recommendations. After three months, the Performance Improvement Committee will determine the frequency of the need for further auditing and will continue to make recommendations as needed.</p>	10/11/11	

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F 371	<p>Continued From page 3</p> <p>sour cream dated "best used by 8/22/11. " There was one additional 2.5 lb. unsealed container of sour cream with " best used by 8/22/11. "</p> <p>On 9/13/11 at 3:21 pm the manager stated she received the 3 containers of sour cream from her supplier with the date "best used by 8/22/11. " The manager indicated all 3 containers of sour cream were thrown away yesterday.</p> <p>Observations of the cooler # 1 on 9/13/11 at 3:22 pm revealed the 3 containers of sour cream were no longer in the cooler.</p> <p>In cooler # 2 on 9/12/11 at 2:55 pm observations revealed an unsealed, partially dated jar of mustard indicating 11/18 (no year).</p> <p>On 9/13/11 at 3:20 pm the manager revealed she revealed the partially dated jar of mustard observed yesterday was thrown away.</p> <p>Observations of cooler # 2 on 9/13/11 at 3:22 pm revealed the open, partially dated mustard container was gone.</p> <p>An interview with the Administrator on 9/15/11 at 10:59 am revealed he expected all food products to be discarded by the " use by date. " He further revealed all unsealed refrigerated items needed to be dated when unsealed.</p> <p>3. Further observations on 9/13/11 at 11:47 am revealed on a prepared dessert tray a bowl with 1/2 cup yogurt with a temperature of 43.6° F. Observations revealed no means to keep the yogurt cool until it was served to a resident. The dietary manager had the yogurt thrown by kitchen</p>	F 371			

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F 371	<p>Continued From page 4 staff.</p> <p>During an interview with the dietary manager at 9/13/11 at 11:48 am she stated yogurt had been sitting out on the dessert tray and the dietary aide was responsible maintaining cool temperature of 41° F.</p> <p>The Administrator indicated on 9/15/11 at 10:59 am that he expected all dairy products to stored a temperature of 41° F at all times.</p> <p>4. Observations of the freezer # 1 on 9/12/11 at 11:47 am revealed a box 1/2 full of frozen, unsealed turkey patties.</p> <p>On 9/13/11 at 3:20 pm observations revealed the box of unsealed, frozen turkey patties was 1/2 full. The dietary director pulled the box out of the freezer and threw the frozen turkey patties away.</p> <p>On 9/13/11 at 3:00 pm an interview was conducted with the dietary manager. She stated all cooks were responsible for dating food items at the time they unseal them.</p> <p>An interview with the Administrator on 9/15/11 at 10:59 am revealed he expected food products that are unsealed to be dated. He revealed an action plan was already in progress to correct this problem.</p> <p>5. Observations on 9/13/22 at 3:12 pm of the air conditioning/heating insulation duct were conducted. The duct work was located over the pots and pans washing area and over clean, dry pans stacked on a rack, 10 feet from the steam table used to keep food hot. The top layer of</p>	F 371		
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F 371	<p>Continued From page 5</p> <p>insulation had two cut out areas on the underside the duct work. One area had exposed pink fibers along the left edge. The other area had exposed pink insulation with two areas measuring 2 inches long by 1 inch wide and hanging down from the duct work.</p> <p>An interview with the dietary manager on 9/13/11 at 3:21 pm revealed she had spoken with the Maintenance Director several days ago and he had not fixed exposed insulation.</p> <p>An interview was conducted with Director of Maintenance on 9/14/11 at 9:51 am. The Maintenance Director revealed he did not know about the insulation exposed in the kitchen until 9/13/11 at 5:00 pm. He stated he pulled down the loose insulation and sealed the edges exposing pink insulation with duct tape on 9/13/11 at 5:30 pm. He stated staff either tells him or leaves the maintenance request at the receptionist ' s desk or the nurse ' s station maintenance log.</p> <p>An additional interview with the Director of Maintenance on 9/14/11 at 1:26 pm revealed the pink insulation in the kitchen had "glass fibers" in it.</p> <p>An interview with the Administrator on 9/15/11 at 10:59 am revealed the insulation could not have been hanging down too long because the kitchen passed its health inspection about a week ago. He revealed he was not aware of the insulation problem. The Administrator stated exposed loose insulation was unacceptable any where in the facility.</p>	F 371		
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F 371	<p>Continued From page 6</p> <p>6. On 9/14/11 at 9:51 am observations of the 4 vents on the side of the duct work had a half-dollar size area of black matter in the center of the vents.</p> <p>Observations on 9/15/11 at 9:31 am revealed the vents were in the same condition as previously observed on 9/14/11. The dietary manager stated she was "going to clean the vents right now."</p> <p>An interview with the Administrator on 9/15/11 at 10:59 am revealed he expected all vents in the facility to be clean.</p>	F 371		

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NAME OF PROVIDER OR SUPPLIER  GUARDIAN CARE OF ZEBULON INC			STREET ADDRESS, CITY, STATE, ZIP CODE 509 W GANNON AVE ZEBULON, NC 27597	
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K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 10/6/11 at approximately noon the facility's cooking system was not protected in accordance with NFPA 96 - Ventilation Control and Fire Protection of Commercial Cooking Operations. Specific findings include; there were two grills on each side of the kitchen exhaust hood system turned in the horizontal position and paper clips on the top and bottom of all grills.	K 069	Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared/and or executed solely because it is required by the provisions of federal and state law.  K 069  A. An outside vendor was contacted to replace all the filters and positioned them appropriately without paper clips in the exhaust hood system in accordance with NFPA 96 - Ventilation Control and Fire Protection of Commercial Cooking Operations.	10/19/11
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 10/6/11 at approximately noon the oxygen storage was non-compliant, specific	K 076	B. The Director of Plant Operations will inspect and ensure weekly for first month and monthly there after that all filters are in proper position.  C. Future compliance will be assured by facility Preventive Maintenance program.  D. Preventive Maintenance log will be reviewed by the facility Performance Improvement Committee monthly for three months to ensure compliance.	

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

*Tasleem Ahmad*

TITLE

*Administrator*

(X6) DATE

*10/18/11*

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K 076	Continued From page 1 findings include;  A. Full and empty oxygen cylinders were stored together. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. [NFPA 99 4-3.5.2.2b(2)] (oxygen bulk storage)  B. The H tanks were gang chained together. Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. [NFPA 99 4-3.1.1.2 a(3)] (oxygen bulk storage)	K 076	Preparation and /or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared/and or executed solely because it is required by the provisions of federal and state law. K. 076  A. Full and empty oxygen cylinders have been separated in two different racks and have the designated signage. The two racks are separated form each other to avoid confusion.  B. The H tanks that were gang chained together have been separated with two different chains to secure them individually.  C. Facility staff are in-serviced on proper storage of full and empty oxygen cylinders.  D. The Director of Plant Operations will inspect oxygen storage area and tanks weekly to ensure compliance.  E. Inspection findings will be reviewed by the facility Performance Improvement Committee monthly for three months to ensure compliance.	10/19/11