

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

PRINTED: 01/09/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345413	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/22/2011
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NAME OF PROVIDER OR SUPPLIER FLESHERS FAIRVIEW HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3016 CANE CREEK RD FAIRVIEW, NC 28730
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F 286 SS=B	<p>483.20(d) MAINTAIN 15 MONTHS OF RESIDENT ASSESSMENTS</p> <p>A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to make Minimum Data Set assessments readily assessable to all clinical staff for fourteen (14) of fifteen (15) sampled residents. (Residents #2, #4, #5, #7, #15, #34, #38, #50, #73, # 89, #90, #91, #104, and #117)</p> <p>The findings are:</p> <p>Review of medical records for Residents #2, #4, #5, #7, #15, #34, #38, #50, #73, #89, #90, #91, #104, and #117 revealed Minimum Data Set (MDS) assessments were not readily available.</p> <p>An interview with MDS Coordinators #1 and #2 on 12/19/11 at 3:10 PM revealed MDS assessments are no longer printed due to lack of storage space. MDS Coordinators #1 and #2 continued MDS assessments are kept in computer files assessable via password. The MDS Coordinators added only supervisory staff that is present in the facility day and evening hours on weekdays and day hours on weekends had a password for the MDS computer system.</p> <p>An interview with Licensed Nurse (LN) #1 on 12/21/12 at 2:24 PM revealed she was unable to access an MDS assessment on the computer provided at the nursing station. She stated she</p>	F 286	<p>The only time MDS was not assessable was late evenings and night shift. At this time they could call and obtain a password to access the MDS. No one has ever requested this so no residents were affected by this practice.</p> <p>A password has been set up for the staff to access the MDS at any time. Step by Step instructions are at each nurses station that show how to do this.</p> <p>Inservice training was done 1/11-1/14/12 with all nurses on how to pull up an MDS at the nurses station.</p> <p>Accessing the MDS has been added to the new nurse orientation sheet to ensure that new nurses are made aware of how to do this as well.</p> <p>QA has assigned the Care Plan Coordinators to monitor monthly that the instructions are maintained at each nurses station allowing access at all times. Documentation of this monitoring will be maintained.</p>	1/19/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Chen Mitchell TITLE: Administrative (X6) DATE: 1/25/12

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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JAN 27 2012
BY: MH
If continuation sheet Page 1 of 8

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F 286	Continued From page 1 did not have the ability to review a completed MDS assessment on any resident. An interview with LN #2 on 12/22/11 at 10:16 AM revealed she did not have the ability to access MDS assessments for any resident in the facility. In an interview on 12/22/11 at 1:20 PM the Director of Nursing (DON) acknowledged MDS assessments were not readily available to non-supervisory staff in the facility.	F 286		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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 This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to 1) ensure a system was in place to utilize thawed meat in a timely manner, 2) discard expired milkshakes and 3) ensure ice scoop holders were clean. The findings are: 1. During the initial tour of the facility kitchen on 12/19/11 from 9:10 to 9:45 five, ten pound packages of thawed ground beef were observed in the walk in refrigerator. In addition, several open bags of thawed chicken were in a small	F 371	Policy updated so that meat is dated when it is removed from the freezer to thaw and the "USE BY" date will be added so it will be easily identified when out of date. They will also use the "first in, first out" system to make sure that the oldest is always used first. Healthshakes to be used by nurses will be pulled for thawing based on physician orders only. Expiration dates will be on each carton that is 14 days from thaw date. Healthshakes used during meal pass will be stocked daily as needed by dietary staff in the nourishment refrigerator. Dietary staff will be responsible for discarding outdated shakes. Health shakes to be used by dietary to be delivered with meals will be pulled for thawing and dated by Dietary Manager or Assistant daily. Healthshakes will be labeled with an expiration date that is 14 days from the thaw date. Dietary staff is responsible to discard outdated shakes every am. New policy to have ice scoops and holders run through the dishwasher daily.	

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F 371	Continued From page 2 pan. One open bag of thawed chicken was hanging over the pan and two pieces of chicken had fallen out and were laying directly on metal shelving adjacent to the pan. There was no indication when the meat was placed in the walk in refrigerator or when it was scheduled for use. The dietary aide responsible for placing stock in the walk in refrigerator was interviewed at the time of the tour and stated the five, ten pound packages of ground beef were delivered on 12/15/11 and were intended for use on 12/22/11. Manufacturer labeling on the five, ten pound packages of ground beef indicated "freeze by 12/20/11". The dietary aide stated the chicken was delivered frozen on 12/15/11 and placed directly in the walk in refrigerator. The dietary aide stated chicken is delivered in open packaging, allowing the two pieces to fall out when thawed. On 12/21/11 from 11:30 AM-12:15 PM observations were made of the facility kitchen. Inside the walk in refrigerator thirteen, ten pound packages of thawed ground beef were observed stored on shelving. Three of the thirteen packages were set to the side on shelving. The three packages had a manufacturer label indicating to use or freeze by 1/4/12. The Food Service Director (FSD) indicated these three were to be used on 12/22/11 for chili. The FSD stated the other ground beef was intended for use during the supper meal on 12/24/11. The remaining ten packages of ground beef were stacked on shelving (five packages stacked on top of five packages of beef). The five on top had a manufacturer label indicating to use or freeze by 01/04/12. The five on the bottom had the manufacturer label to freeze by 12/20/11. The FSD was present at the time of the observation and stated the ground beef was put up by a	F 371	QA has assigned Dietitian and QA Coordinator and Nursing Service Coordinator to rotate monitoring weekly in freezer, refrigerator, for expired and rotated items. They will keep documented records of this. They will also monitor ice scoops and holders weekly and document as well. Inservice was done with dietary staff on thawing, dating and cleaning schedules described above. This will ensure that no residents will be affected by this now or in the future.	1/19/12

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F 371	<p>Continued From page 3</p> <p>dietary aide on 12/20/11 and the older ground beef should have been placed on top. The FSD stated the dietary aide that normally puts up stock was not working on 12/20/11. The FSD contacted the manufacturer of the ground beef that had the "freeze by 12/20/11" on the label. After making contact with the manufacturer the FSD stated the label indicated the meat should be used or frozen by 12/20/11. The FSD stated there had not been a system in place to ensure meat was thawed and used in a safe manner.</p> <p>2. During the initial tour of the facility kitchen on 12/19/11 from 9:10 AM-9:45 AM two, thawed milkshakes with a facility date of 12/14 on the outside packaging were observed in the reach in refrigerator. A manufacturer label on the individual cartons indicated the milkshakes were good for fourteen days after thawed. A dietary aide present at the time of the observation reported the milkshakes are dated by facility staff with a date that is fourteen days after thawed. The dietary aide stated staff typically check the refrigerator every day and discard milkshakes by the date on the label. The dietary aide stated they must have missed the two milkshakes that were observed in the reach in refrigerator.</p> <p>3. On 12/21/11 at 11:30 AM observations were made of an ice scoop holder in place on the wall in the main dining room above a bin of ice. The ice scoop was stored inside the ice scoop holder. When held up to the light a gelatenous matter was observed covering approximately a quarter of the inside bottom of the container (the area the scoop portion touched). When felt, the gelatenous matter had a slimy feel and was easily removed. Holes in the bottom of the container (to allow water drainage) had a brownish matter embedded in the holes. At the time of the</p>	F 371		

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F 371	Continued From page 4 observation the Food Service Director stated it was her expectation the ice scoop and ice scoop holder was cleaned and sanitized every day. The Food Service Director could not determine when the ice scoop/ice scoop holder had last been cleaned.	F 371		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. 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. 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. 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	F 431	Our pharmacy has been notified of the problem of labels not sticking to the bottles. They will be taping the labels on to ensure that they stick. If our staff notices a label is loose or has come off, they have been instructed to tape the label on or if the label is missing to return the medication to the pharmacy. Expired medications were immediately removed from the carts and placed in the return to pharmacy box to be disposed of. This would prevent any residents from being affected by this. Nursing supervisor was already going through the medication rooms weekly looking for expired medication. She will now start going through the medication carts weekly as well. She will check for expired medications and proper labeling. Any expired medications or unlabeled medication will be placed in the return to pharmacy box to be disposed of. Inservice has been done in groups and via Caretracker to notify all nurses of the above policies. This will ensure that no residents are affected by this now or in the future. QA has assigned the evening supervisor, DON, and Nursing Service Coordinator to rotate the monitoring of all medication rooms and carts	

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F 431	<p>Continued From page 5</p> <p>quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews, the facility failed to discard expired medication in two (2) of six (6) medication carts and failed to label a bottle of red capsules in one (1) of six (6) medication carts.</p> <p>The findings are:</p> <p>1. Observations on 12/21/11 at 3:03 PM of the 500 Hall Medication Cart revealed one half (1/2) bottle of red capsules. The cap on the bottle had "Colace" hand-written in red ink. There was no expiration date on the bottle. Also, observed on the cart was an opened and partially used bottle of Tussin CF with a pharmacy dispensed date of 9/13/10. The pharmacy label indicated the Tussin CF expired on 9/13/11. The manufacturer expiration date on the bottle was 10/11.</p> <p>On 12/21/11 at 3:10 PM Licensed Nurse (LN) # 3 was interviewed. She was unable to state when the Colace expired or when it was dispensed. LN # 3 stated she had not administered Tussin CF to a resident in a long time.</p> <p>Observations on 12/21/11 at 3:15 PM of the 400 Hall Medication Cart revealed a bottle labeled Aspirin 325 mg House Stock with a pharmacy dispensed date of 6/18/10 and expiration date of 6/18/11. The aspirin was not in a manufacturer's bottle.</p>	F 431	<p>monthly to ensure that the above plans are working. Documentation of this will be maintained by QA. Pharmacist will continue to monitor medication carts quarterly. These actions will ensure that no residents are affected by this now or in the future.</p>	1/19/12	

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F 431	<p>Continued From page 6</p> <p>On 12/22/11 at 3:55 PM the Director of Nursing (DON) was interviewed. She stated the 3:00 PM-11:00 PM supervisor checks the medication carts, refrigerators and Over the Counter (OTC) stock medications on a weekly basis and the pharmacy nurse consultant also checks periodically for expired medications. She stated the facility policy is to return expired medications to the pharmacy for disposal. The DON stated she expected the nurses who are administering medication to check medications for expiration dates. The DON also stated all medications should be labeled with the name of the medication, the strength and the expiration date. She stated OTC medications removed from the original bottle should be fully labeled.</p> <p>2. . Observations on 12/21/11 at 3:03 PM of the 500 Hall Medication Cart revealed one half (1/2) bottle of red capsules. The cap on the bottle had "Colace" hand-written in red ink. There was no pharmacy or manufacturer label on the bottle identifying the contents of the bottle or directions for administration.</p> <p>On 12/22/11 at 3:55 PM the Director of Nursing (DON) was interviewed. She stated the 3:00 PM-11:00 PM supervisor checks the medication carts, refrigerators and Over the Counter (OTC) stock medications on a weekly basis and the pharmacy nurse consultant also checks periodically for expired medications. The DON also stated all medications should be labeled with the name of the medication, the strength and the expiration date. She stated OTC medications removed from the original bottle should be fully</p>	F 431		

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F 431	Continued From page 7 labeled.	F 431			