STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345310	A. BUILDING _____ B. WING _____	03/01/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT CROSSING	100 HEDRICK DR THOMASVILLE, NC 27360

(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	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, staff interviews, and record reviews the facility failed to maintain sanitary conditions in the kitchens by not ensuring opened food items were sealed, dated and/or labeled; by not ensuring refrigerated foods with mold growing on it were immediately removed and discarded; by not ensuring kitchen staff sanitized thermometers used to measure food temperatures; and by not ensuring food storage areas were maintained clean and free from debris. Findings Include: A review of the facility's "Food Service Orientation Manual" (undated) read in part on pages 3 and 4: "Food Safety - Dry Storage: The dry storage area should be kept clean and organized." "Food Safety - Cold Storage: All leftovers should be labeled with the date the item was placed in the refrigerator. This ensures everyone knows how long the leftovers have been in storage."	F 371	**Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Piedmont Crossing of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law, and because the facility has been threatened with termination from the Medicare and Medicaid programs if it fails to do so. The facility contends that it was in substantial compliance with all requirements on the survey date, and denies that any deficiency exists or existed or that any such plan is necessary. Neither the submission of such plan, nor anything contained in the plan, should be construed as an admission of any deficiency, or of any allegation contained in this survey report. The facility has not waived any of its rights to contest any of these allegations or any other allegation or action. This plan of correction serves as the allegation of substantial compliance.** F-371 Completion date 3/29/2012	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Executive Director	3-22-12

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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F 371	Continued From page 1 A review of a facility's information sheet by the National Food Safety Education Foundation dated September 2003 - Week 3 (#0301201 ver. 0309) used to train kitchen staff read in part: "Important Storage Practices - When storing food: Label all potentially hazardous ready-to-eat food with either the date is was prepared or the date it should be sold, consumed, or discarded. Ensure that the label clearly notes the contents of the package. If you take food out of it's original package, put it in a clean, sanitized food container. In bold lettering the information sheet read in part: Discard all potentially hazardous ready-to-eat food stored in refrigeration if it is not used within seven days of preparation." The words "seven days" had been crossed out and the words - "3 days" were written in on the sheet. A review of the facility's training and testing information manual by The Educational Foundation of the National Restaurant Association, Chapter 5 (Week 3) dated 1999 "Cook it safely - It's a Matter of Degrees Training Session Part 2 - Taking Product Temperatures," read in part: (Bullet # 1) "Remind employees to properly wash and sanitize their thermometers prior to use and in between uses." During the initial tour of the facility's main and satellite kitchens on Monday, 02/27/12 at 7:00 p.m., observations of the facility's refrigeration/freezer units were made with the facility's two night cooks (kitchen staff members # 1 and 2). The findings observed revealed food items that were not covered, sealed, dated, labeled, or discarded.	F 371	It is the intent of this facility to 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. No individual residents were identified as being affected by the alleged deficient practice. The Director of Dietary Services (DODS) took the following corrective actions immediately. The food as noted on the report found improperly stored in Walk-in Freezer #1 were discarded by the DODS 2/27/12, including A) box of chicken, B) hotdogs, C) beef steaks, and D) pepper steaks and gravy. The food as noted on the report found to be improperly stored in Walk-in Freezer #2 were discarded by the DODS 2/27/12 including the whole ready-to-cook peach pie. The food as noted on the report found in Walk in refrigerator were discarded by the DODS and the lead cook, including the A) bag of ham chunks, B) bag of bologna slices, C) pre-cooked roast turkey slices, D) Mozzarella Cheese, E) peeled hard boiled eggs, and F) chopped garlic.	3/29/12

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F 371	Continued From page 2 1. Walk-in Freezer #1 contained - A) A box with interior bag ½ full of chicken was open to the air and the pieces of chicken had frost like crystals on them. There was no date indicating the date the box and/or bag was opened. B) Hotdogs wrapped in saran wrap were found to be undated, labeled, and were observed to have freezer burn on the hotdogs. C) A box with interior bag ¼ full of beef steaks open to the air and the beef steaks were observed to have frost like crystals on them. There was no date indicating the date the box and/or bag was opened. D) A full metal serving tray containing cooked pepper steaks and gravy, was only covered on have of the tray by saran wrap and aluminum foil. The other half of the tray was open to the air. The saran wrap had a date of 02/14/2012 (13 days prior to the survey). The pepper steaks had frost like crystals on them and had crack lines in the steaks indicating they were dried out. 2. Walk-in Freezer #2 contained - A) A whole ready-to-cook peach pie was observed to have no covering or wrap over the top and/or crust. There was a piece of wadded up saran wrap resting on the edge of the pie and on the edge of an adjacent wrapped/covered pie. 3. Walk in refrigerator contained - A) An undated and unlabeled one gallon size zip lock bag containing ham chunks. B) An undated and unlabeled one gallon size zip lock bag containing bologna slices. C) An undated and unlabeled plastic bag containing pre-cooked roast turkey slices observed to be open to the air.	F 371	The floor of the walk in refrigerator had been scheduled for repair with Whaley Foodservice. Whaley Foodservice technician arrived 2/28/12 at 8 a.m. to evaluate the repairs needed. These repairs were completed by Whaley Foodservice on March 8, 2012 The food as noted on the report found in kitchen's 3 door refrigerator were discarded by the DODS, including A) roll of sausage, and B) pureed bacon. The food as noted on the report found in Kitchen's 2 door refrigerator which had been taken out of service 1/31/12, were discarded by the DODS and lead cook, including A) pan of sliced lemons, B) fruit cup, C) pitcher of Cranberry juice, D) thickened nectar water and E) thickened cranberry juice. The floor in the dry storage room was swept and mopped 2/27/12, and is on a daily schedule to be swept and mopped before closing the kitchen and as needed. The debris under the wire food storage shelves were discarded. The vanilla dry pudding was discarded and the floor and other products affected by the spilt powder were cleaned and/or discarded by the DODS 2/27/12. The food as noted on the report found in Satellite Kitchen #2 were discarded	3/29/12

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F 371	Continued From page 3 D) An undated and unlabeled plastic bag containing mozzarella cheese open to the air. The cheese was observed to have small white dots and lines on it indicating it was drying out. E) Eight undated and unlabeled hard boiled eggs (de-shelled) removed from their original packaging and wrapped in saran wrap. F) One ¼ full plastic container of chopped garlic with a manufacturer's date of 06/18/2010. There was no date on the container indicating when it was originally opened. G) The floor of the walk in refrigerator was covered with water. The entrance of the refrigerator just inside the door had a cover plate on the floor that was missing 5 screws allowing water, dirt, and debris to become trapped under it. The cover plate would squirt out the water, dirt, and debris to the sides when walked on or a food cart was pushed across the cover plate. An interview with staff member #1 was conducted on 02/27/2012 at 7:10 p.m. Staff member #1 stated, "The mechanical cooling unit is leaking. The water on the floor has been there for several weeks and the screws on the cover plate have been missing for a long time." 5. The kitchen's 3 door refrigerator contained - A) Four stainless steel pans with one large roll of sausage (for sausage patties) in each pan. There was no date or label to indicate when the sausages were placed into the pans. B) One plastic container of pureed bacon. There was no label on the container. There was no date on the container to indicate when the pureed bacon was made, placed into the container, or placed into the refrigerator. 6. The Kitchen's 2 door refrigerator contained -	F 371	2/27/12 by the Clinical Mentor, including A) wrapped sandwiches, B) orange juice and C) cups of fruit. The food as noted on the report found in Satellite Kitchen #3 were discarded 2/27/12 by the Clinical Mentor, including A) mixed fruit, B) cheese slices and C) contained of sliced turkey. The food as noted on the report found in Satellite Kitchen #4 the ice tea was discarded 2/27/12 by the Clinical Mentor. The food as noted on the report found in Satellite Kitchen #5 the orange juice was discarded 2/27/12 by the Clinical Mentor. Corrective action (Performance Improvement) was taken 3-1-2012 with the employee who used improper technique with the thermometer. This in-service to dietary and homemaker staff included a demonstration of the proper technique to use when taking temperatures of food to ensure the thermometer has been properly sanitized given by the DODS on 3-1-2012. Dietary staff members and Homemaker staff members were in-serviced on properly storing foods 2-	3/29/12

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F 371	Continued From page 4 A) A 4x8 inch stainless steel pan with saran wrap covering the top of the pan. Inside the pan it was observed to have mold growth covering the food items (sliced lemons) approximately 1 inch in depth and growing up the sides of the pan reaching the saran wrap cover. There was no date on the pan or the saran wrap to indicate how long the food items had been in the pan/refrigerator. B) A fruit cup with lid on the cup. Upon removal of the lid by staff member #2 the cup was observed to contain grapes that were in a state of decomposition (withered and dried out). There was no date on the lid or the cup to identify how long the grapes had been in the cup/refrigerator. C) A ½ full gallon pitcher of Cranberry juice had no date indicating when it was made or placed into the container. D) A 1/3 full gallon container of thickened Nectar Water was dated 01/16/2012 (41 days prior to the survey). E) A ½ full gallon container of thickened Nectar Cranberry juice was dated 01/16/2012 (41 days prior to the survey). 7. Dry storage room contained - A) A 3' x 6' entry floor mat observed to contain copious amounts of dirt and food debris on it. The four floor tiles wide and three tiles high to the left and right of the mat was observed to be blackened by foot traffic in and out of the room. B) Under the wire food storage shelves there was food debris, pieces of saran wrap, two Styrofoam bowels and two individual wrapped packs of crackers that were crushed to crumb size. C) On the rooms center set of wire shelves on top of other food items an open 20 ounce	F 371	28-2012 by the Director of Dietary Service. The manager of the kitchen will include the daily sanitation rounds in the kitchen, and take corrective action as deemed appropriate as defined by the facilities personnel policies for the level of education or disciplinary action. These measures will be monitored by the Director of Dietary Services with oversight by the Administrator through the Quality Assurance process. The Director of Dietary Services has issued kitchen audits which are completed at least daily by facility management staff. The DODS will monitor these data collected and initiate follow-up indicated by those data through the next two quarterly QAA meetings, April 10, 2012 and July 10, 2012. The Director of Dietary Services will report on the measures implemented to the Quality Assurance Committee which will monitor for effectiveness through the April and July QAA meetings. The QAA Committee will make further recommendations to adjust the measures as needed at the July meeting. The Administrator is	3/29/12

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F 371	Continued From page 5 package of Vanilla pudding was observed. The package was positioned so it had been pouring the dry pudding onto the other food products and onto the floor below the shelves. The floor between the shelves was observed to be sticky and shoe tracks could be visibly seen leading away from the area the dry pudding was found on the storage room's floor. 8. Satellite Kitchen #2 (200 hall) refrigerator contained - A) Three half sandwiches wrapped in saran wrap. There were no dates on the sandwiches to indicate when they were made or placed into the refrigerator. B) A one gallon pitcher 1/3 full of orange juice was not dated to indicate when the orange juice had been made and/or placed into the pitcher. C) Three serving cups of full of fruit. There were no dates on the cups containing the fruit to indicate when the fruit was placed into the cups or placed into the refrigerator. 9. Satellite Kitchen #3 (300 hall) refrigerator contained - A) One large metal pan with mixed fruit. The pan was also full of water and/or juice liquid. There was no date on the pan or saran wrap to indicate when the fruit and/or liquid had been placed into the pan or into the refrigerator. B) One plastic container with 3 pieces of American cheese. The container was not labeled and not dated to indicate when the cheese was placed into the container or into the refrigerator. C) One plastic container with sliced turkey. The container was not labeled and not dated to indicate when the turkey was placed into the	F 371	responsible to see that QAA recommendations are acted upon in a timely manner.	3/29/12

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F 371	Continued From page 6 container or into the refrigerator. 10. Satellite Kitchen #4 (400 hall) refrigerator contained - A) A one gallon pitcher ¾ full of tea. There was no date on the pitcher to indicate when the tea was placed into the pitcher or into the refrigerator. 11. Satellite Kitchen #5 (500 hall) refrigerator contained - A) A one gallon pitcher 1/3 full of orange juice. There was no date on the pitcher to indicate when the orange juice was placed into the pitcher or into the refrigerator. On 02/27/2012 at 7:30 p.m., an interview was conducted with staff members #1 and #2 attending the tour. The interview was to ascertain the facility's expectation on food storage as found in the walk in freezers, walk in refrigerator, two and three door refrigerators, dry storage room and satellite kitchens. Staff member #1 stated, "All of the opened items in the refrigerators and freezers should have been wrapped tightly and secured. Once the food containers/items are opened they required to be dated before placing the items back into the refrigerator or freezer." Staff member #2 stated, "The bag of dry pudding should have been pulled off the shelf and discarded and not allowed to drain onto the other food items and on the floor." Staff member #2 was asked how long the moldy lemon slices had been in the refrigerator. Staff member #2 stated, "We started moving things	F 371		

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F 371	Continued From page 7 around in January when the new portion of the building was finished and the household kitchens opened up but I'm not sure."	F 371		

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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the Existing Health Care section of the LSC and its referenced publications. This building is Type V-protected construction, one story, with a complete automatic sprinkler system.	K 000	**See our comments at the end of this Plan of Correction.** **REPORT OF CORRECTION** **K 018** Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1&3/4 inches solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 The 500 hall storage room door closure latch was adjusted to close tightly. This correction was completed by maintenance staff and the completeness was inspected by the Director of Plant Operations on April 2, 2012. The Director of Plant Operations inspected all other storage room latches to verify that they were properly adjusted to provide for a tight seal.	K018 4-2-12
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations and staff interview at approximately 12:30 pm onward, the following items were noncompliant, specific findings include: storage room door on 500 hall did not	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Donna B Smith — TITLE: Executive Director — (X6) DATE: 4-5-2012

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K 018	Continued From page 1 latch for smoke tight seal. 42 CFR 483.70(a)	K 018	Issues such as this are monitored as a part of the facility's Continuous Quality Improvement Program which includes visual inspections of door closures at least monthly during the monthly preventive maintenance review. The Director of Plant Operations and Administrator present the results of the preventative maintenance review to the QAA Committee in order to identify further recommendations and actions to take, if any.	K018 4-2-12
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations and staff interview at approximately 12:30 pm onward, the following items were noncompliant, specific findings include: storage room doors in Cupboard Dining Room were not self closing.	K 029	**REPORT OF CORRECTION** K029 One hour fire rated construction (with 3/4 hours fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-approved protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 The storage room doors in the Cupboard Dining room were affixed with self closures. This correction was completed by maintenance staff and the completeness was inspected by the	K029 4-2-12
K 056 SS=E	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully	K 056		K056 4-3-12

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(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
K 056	Continued From page 2 supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observations and staff interview at approximately 12:30 pm onward, the following items were noncompliant, specific findings include: light fixtures in corridor at main nurse station are within 18 inches of sprinkler head. 42 CFR 483.70(a)	K 056	Director of Plant Operations on April 2, 2012. The Director of Plant Operations inspected other storage rooms doors in health care to verify self closures were in place and operational. Issues such as this are monitored as a part of the facility's Continuous Quality Improvement Program which includes visual inspections of door closures at least monthly during the monthly preventive maintenance review. The Director of Plant Operations and Administrator present the results of the preventative maintenance review to the QAA Committee in order to identify further recommendations and actions to take, if any.	K056 4-3-12
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations and staff interview at approximately 12:30 pm onward, the following items were noncompliant, specific findings include: medical refrigerator located at main nurse station is not on emergency power outlet when checked on survey. 42 CFR 483.70(a)	K 147	**REPORT OF CORRECTION** K056 If there is an automatic sprinkler system, it is installed in accordance with NFPA13. Standard for the installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are	K047 3-22-12

equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system.

The sprinkler heads near the light fixtures in corridor at the main nurse station as identified on the report, were moved to provide the required 18 inch space from the light fixtures. An outside contracted company completed this work, and this work was inspected by the Director of Plant Operations April 3, 2012.

The Director of Plant Operations inspected the location of other sprinkler heads to verify that there is 18 inch clearance.

Issues with the potential to affect residents are monitored as a part of the facility's Continuous Quality Improvement Program which includes visual inspections of sprinkler heads with 18 inches of space during the monthly preventive maintenance review.

The Director of Plant Operations and Administrator present the results of the preventative maintenance review to the QAA Committee in order to identify further recommendations and actions to take, if any.

REPORT OF CORRECTION

K 147 Electrical wiring and equipment is in accordance with NFPA70. National Electrical Code 9.1.2

The refrigerator in the medication room was plugged into an emergency receptacle, located behind the refrigerator by the maintenance staff on 3/22/12.

The Director of Nursing inspected the refrigerators in the other medication rooms to verify these are plugged into designated emergency receptacles.

Issues with the potential to affect residents are monitored as a part of the facility's Continuous Quality Improvement Program. This program includes visual inspections of emergency outlets, and that these emergency outlets are being used for the purpose of connecting essential equipment to the emergency power source.

The Director of Plant Operations and Administrator present the results of the CQI and the Preventative Maintenance review to the QAA Committee in order to identify further recommendations and actions to take, if any.

Preparation and execution of this plan of correction in no way

constitutes an admission or agreement by Piedmont Crossing of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law, and because the facility has been threatened with termination from the Medicare and Medicaid programs if it fails to do so. The facility was in substantial compliance with all requirements on the survey date, and denies that any deficiency exists or existed or that any such plan is necessary. Neither the submission of such plan, no anything contained in the plan, should be construed as an admission of any deficiency, or of any allegation contained in this survey report. The facility has not waived any of its rights to contest any of these allegations or any other allegation or action. This plan of correction serves as the allegation of substantial compliance.