

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

JUN 11 2012

PRINTED: 06/01/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345249	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  05/17/2012
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NAME OF PROVIDER OR SUPPLIER  MOREHEAD NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 205 EAST KINGS HWY EDEN, NC 27288
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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
F 371 SS=E	<p>483.35(i) 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 observations, staff interviews, and record reviews, the facility 1) failed to ensure food items in the 1 of 1 upright freezer/refrigerator were labeled and dated when taken out of the original container, 2) failed to separate dented cans from ready-to-use food items, and 3) failed to keep exhaust hood filters clean and free of dust and grease. Findings include:</p> <p>1. During the hospital 's kitchen tour on 5/16/12 at 11:14 a.m., the following items were observed in 1 of 1 upright freezer: 5 clear bag of cookie dough, 1 open clear plastic bag of frozen breaded steaks, 1 open clear plastic bag of chicken fingers, and 1 brown bag of French fries (as identified by the director of food services), all of which were unlabeled and undated.</p> <p>During the hospital 's kitchen tour on 5/16/12 at 11:14 a.m., the following items were observed in 1 of 1 upright freezer: 2 clear bags of diced ham, 1 open clear plastic bag of bologna, 2 open</p>	F 371	<p>1. All unlabeled or undated food items not in the original shipping packaging with identifying labels in refrigerators and freezers were removed and labeled or disposed of appropriately.</p> <p>2. All refrigerators and freezers were checked May 18, 2012 to ensure no undated or unlabeled food items were stored improperly. Corrections were made and food removed as necessary.</p> <p>3. In-services on proper food storage, including labeling and dating food items were conducted with staff May 23 and May 25, 2012. In-services will be continued as needed. MMH policy 402.6 was reviewed and revised.</p> <p>4. A checklist was developed for refrigerators and freezers monitoring. The AM/PM supervisors will monitor daily for 1 week, then weekly to assure compliance. The results will be reviewed daily by the Food Service Director and will be reported at the next MMH QIC meeting June 25, 2012 and MNC QIC meeting Thursday June 7, 2012.</p>	6-11-2012 6-11-12 6-11-12 6-11-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Hay* TITLE *Administrator* (X6) DATE 6-4-2012

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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NAME OF PROVIDER OR SUPPLIER  MOREHEAD NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 206 EAST KINGS HWY EDEN, NC 27288		
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F 371	<p>Continued From page 1</p> <p>plastic bags sliced of ham, 10 long rolls of cooked pork, 3 long rolls of ground beef, and 1 pan of frozen chicken (as identified by the director of food services), all of which were unlabeled and undated.</p> <p>During an interview with the food service director on 5/16/12, she stated that the surveyor needed to talk with the food service supervisor. The food service supervisor indicated that she opened the food products and repackaged them and did not remember to label and date them.</p> <p>On a subsequent inspection of the hospital 's kitchen tour on 5/17/12 at 1:04 p.m., the following items were observed in 1 of 1 upright freezer: 2 open clear plastic bags of frozen chicken patties, 2 open clear plastic bags of hush puppies, 2 open clear bags of ham and 2 bags of meatballs (as identified by the director of food services), all of which were unlabeled and undated.</p> <p>2. During an initial tour of the hospital kitchen 's dry storage area on 5/16/12 at 11:00 a.m., the following canned foods were damaged with significant dents at their rim/seal and sides: 3 cans of cream of chicken soup, 1 can of potato soup, and 1 can of diced carrots. They were observed stocked among and intermingled with undamaged canned products ready for resident use.</p> <p>During an interview with the food service director on 5/16/12, at 11:05 am she stated that the canned goods were inspected by the stock</p>	F 371	<p>1. All dented cans were removed from storage shelves and racks May 17, 2012.</p> <p>2. All dry storage areas were inspected May 17, 2012 for dents, or damage to containers/cans and removed from storage.</p> <p>3. Staff was in-serviced May 23 and May 25, 2012 on identification of damaged cans/containers and removal of damaged items as appropriate. MMH policy 402.6: Purchasing, Receiving &amp; Storage was reviewed and revised as needed.</p> <p>4. An audit was developed and implemented checking storage areas as shipments arrive biweekly. The results will be reviewed weekly by the Food Service Director and will be reported at the next MMH QIC meeting June 25, 2012 and MNC QIC meeting Thursday June 7, 2012.</p>	<p>6-11-2012</p> <p>6-11-12</p> <p>6-11-12</p> <p>6-11-12</p>	

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F 371	Continued From page 2 person daily and upon delivery, and any cans that were severely dented would be returned to the vendor. Products with small dents not on the seam would be used.  3. DDuring the initial tour of the kitchen on 5/16/12 at 11:00 a.m., the exhaust hood filters above the stove were heavily coated with grease and dust.  During a follow-up kitchen inspection on 5/17/12 at 1:04 p.m., the exhaust hood filters above the stove were heavily coated with grease and dust.  During an interview on 5/17/12 at 3:50 p.m., the director of plant operation revealed that " the exhaust hood filters are contracted through a company and they come in and clean the filters and ductwork every 6 months. " The Director of plant operation further stated that the filters were last cleaned in October 2011, and the commercial company will come some time in May 2012 to clean the filters. He added that he spoke to the kitchen supervisor who normally cleans the filters and she cannot remember the last time the filters were cleaned by food service workers in the kitchen, because the supervisor is afraid to climb up and clean the filters.	F 371	1.Filters were cleaned May 17, 2012.  2.All filters were inspected May 17, 2012 to ensure cleanliness and functioning.  3.Receiving Clerk was in-serviced May 17, 2012 on proper cleaning techniques and schedules. MMH policy 402.19: Cleaning of Hood System was reviewed and revised as needed indicating process and schedule for cleaning and maintenance.  4.An audit was developed and implemented checking filters every 2 months to assure compliance. The results will be reviewed by the Food Service Director and will be reported at the next MMH QIC meeting June 25, 2012 and MNC QIC meeting Thursday June 7, 2012.	6-11-2012 6-11-12 6-11-12 6-11-12

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JUN 26 2012  
CONSTRUCTION SECTION 06/06/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345249	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0101 B. WING _____	(X3) DATE SURVEY COMPLETED 2012
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K 056 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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 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</p> <p>This STANDARD is not met as evidenced by: Based on observation on Tuesday 6/5/12 at approximately 11:30 PM onward the following was noted: 1) There are two hall showers that have storage closets in the room and the closets are not protected by sprinkler coverage.</p>	K 056	<p>1) Storage area door and lock removed from each shower room.</p> <p>2) A review of the shower rooms was conducted during and after the survey to determine corrective action.</p> <p>3) Staff in serviced on chemical storage.</p> <p>4) The results of the inspections and tests are maintained in the Facility Engineering office and shared with the Hospital Safety committee as appropriate. The MNC Quality Improvement Committee will also review the inspections and tests.</p>	6-29-2012
K 076 SS=D	<p>42 CFR 483.70(a)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than</p>	K 076	<p>1) The oxygen tank not secured was removed immediately from the West Physical therapy closet and properly stored.</p> <p>2) An inspection was conducted immediately after the survey to ensure tanks are stored properly.</p>	7-10-2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Hay J. [Signature]* TITLE: *Adm. [Signature]* (X8) DATE: 6-22-2012

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K 076	Continued From page 1 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: Based on observation on Tuesday 6/5/12 at approximately 11:30 PM onward the following was noted: 1) In the West Physical Therapy closet an oxygen cylinder was found stored free standing and not secured in a stand or holder.	K 076	3) Routine inspections are conducted by the Hospital Safety Committee and results Reported back to them. Staff inserviced on oxygen storage.  4) The results of the inspection are reviewed by the MNC Quality Improvement Committee as appropriate.	
K 144 SS=F	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  This STANDARD is not met as evidenced by: Based on observation on Tuesday 6/5/12 at approximately 11:30 PM onward the following was noted: 1) The generator annunciator power when tested under load did not show generator supplying power.	K 144	1) Repairs or modifications to the generator annunciator panel will be made by an approved licensed contractor to show indication of power transfer status at the panel.  2) The generator system was run and tested during the survey and immediately after to ensure all systems were in working order.  3) Monthly generator tests of the system are conducted and reporting form will be changed to show annunciator panel indication of power transfer status.  4) Monthly tests are reviewed by and maintained in Hospital Facility Engineering office. The results will be reviewed by the Hospital Safety Committee and the MNC Quality Improvement Committee.	7-10-2012

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K 144	Continued From page 2 42 CFR 483.70(a)	K 144		