

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

PRINTED: 08/08/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345201	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/25/2013
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVINGCENTER - CHARLOTTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2616 E 5TH ST CHARLOTTE, NC 28204
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F 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, and record review, the facility failed to honor resident choices in food preferences (dislike of iced tea and rice) for 1 of 3 sampled residents (Resident #2).</p> <p>The findings are:</p> <p>Review of Resident #2's annual Minimum Data Set (MDS) date 06/19/13 revealed an assessment of intact cognition.</p> <p>Review of Resident #2's dietary preferences and dietary slip for the lunch meal on 07/24/13 revealed direction not to serve the following items: tea, cola, pinto beans, rice, collard greens, kiwi and oatmeal.</p> <p>Observation on 07/24/13 at 12:45 PM revealed the beverages served with the lunch meal to Resident #2 included iced tea.</p> <p>Interview with Resident #2 on 07/24/13 at 12:47 PM revealed he did not want the iced tea. Resident #2 reported he frequently received iced tea as a beverage. Resident #2 explained he did</p>	F 242	<p><u>Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements</u></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 8/22/13
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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.

*original signature date: 8/14/13 mh*

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F 242	<p>Continued From page 1</p> <p>not think staff cared what he wanted.</p> <p>Observation on 07/25/13 at 1:05 PM revealed the Business Office Manager (BOM) served Resident #2 the lunch meal. The lunch meal included chicken and rice soup. The dietary slip on the lunch meal tray specified no rice.</p> <p>Interview with Resident #2 at 1:10 PM revealed he did not like the chicken and rice soup because he did not like rice. Resident #2 reported he informed staff he would prefer soup with the lunch meal today as long as it was not tomato. Resident # 2 explained he thought staff would know he would not eat rice since he already informed them of this dislike.</p> <p>Interview with the BOM on 07/25/13 at 1:15 PM revealed she did not realize the soup contained rice. The BOM explained she checked the dietary slip to make certain all of Resident #2's likes and dislikes were honored.</p> <p>Interview with the Registered Dietitian (RD) on 07/25/13 at 1:20 PM revealed she interviewed Resident #2 before the lunch meal today (07/25/13). The RD explained Resident #2 desired soup if it was not tomato or tomato based. The RD reported she did not inform Resident #2 the soup was chicken and rice. The RD explained she thought Resident #2 would like the chicken and rice soup.</p> <p>Interview with dietary aide #1 on 07/25/13 at 1:50 PM revealed he did not realize the soup was chicken and rice. Dietary aide #1 reported he usually checked the dietary slip for food likes and dislikes but made a mistake.</p>	F 242	<p><b>F 242 - Self-Determination - Right to Make Choices</b></p> <p>The Dietary Manager or designee went to Resident #2's room before each meal and took his order. The Dietary Manager or designee then checks the tray on the tray line to ensure accuracy of order. The Dietary Manager or designee then goes to the room and verifies that the resident has received exactly what was ordered. On 7/25/13 we replaced unwanted item on tray with a preferred beverage. On 7/26/13, the meal presented was taken off residents tray and resident did not want anything to replace food item.</p> <p>Emergency QA held on 8/1/13 to discuss plan of correction with appropriate parties. All corrective actions were put into place on 8/1/13 to ensure immediate correction to this citation.</p> <p>Dietary Manager or designee will monitor each tray ticket to match what is served for each meal for each resident (3x per day) 5x per week for 2 weeks. Then each meal 3x per week for 2 weeks. Then each meal 1x per week for 2 weeks. (See attachment #9)</p> <p>Each preference that the Dietary Manager or designee note as missing on resident tray will be immediately corrected and documented by the Dietary Manager or designee. (See attachment #3)</p>	8/22/13	

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F 242

Continued From page 2  
Interview with the dietary manager on 07/25/13 at 2:05 PM revealed residents' likes and dislikes were to be checked before meal delivery by the dietary staff in addition to the staff member who delivered the meal. The dietary manager reported the iced tea and chicken and rice soup should not have been served to Resident #2.

F 332  
SS=D

483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE

The facility must ensure that it is free of medication error rates of five percent or greater.

This REQUIREMENT is not met as evidenced by:  
Based on observation, staff interviews and record review, the facility failed to administer sliding scale insulin before or with meals for 2 (Residents #11 and #12) of 5 residents observed who received sliding scale insulin during the morning and afternoon medication passes which resulted in a medication error rate of 6.25%.

- The findings are:
1. Resident #12 was admitted to the facility with diagnoses which included diabetes mellitus type 2.

Review of Resident #12's monthly physician's orders dated 07/01/13 revealed medications included NovoLog Insulin (fast acting insulin) to be administered on a sliding scale before meals and at bedtime. The sliding scale directed the following doses based on finger stick blood sugar (fsbs) measurements: under 70: 0u (units); 70 to

F 242

(Continued from previous page)

The Dietary Manager or designee will interview 5 patients on each unit whether or not they received everything that was on their meal ticket. This will be done 3x per day 5x per week for 2 weeks. Then each meal 3x per week for 2 weeks. Then each meal 1x per week for 2 weeks. (See attachment #4)

F 332

Tray line monitoring for meal accuracy and resident interviews will continue 1x per week on an ongoing basis to ensure continued meal accuracy. Results will be reviewed at facilities monthly QA meeting and make changes to the facilities plan of correction and add an Action Plan to the meeting minutes if it is deemed appropriate.

**F332 - Free of Medication Error Rates of 5% OR More**

The immediate correction for the effected residents #11 & #12 are as follows. We contacted the physician to make her aware of the medication error and received orders to give medication at that time and provided immediate education to the nurse responsible for the medication error on 7/25/13.

The facility held and emergency QA on 8/1/13 to inform all parties of the immediate changes made to facility policy and plan of correction.

8/22/13

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F 332	<p>Continued From page 3</p> <p>150: 0u; 151 to 200: 4u; 201 to 250: 6u; 251 to 300: 10u; 301 to 350: 12u; 351 to 400: 15u and 401 and over: call the Medical Doctor.</p> <p>Review of Resident #12's electronic Medication Administration Record revealed the scheduled times for the before meal insulin were 7:30 AM, 11:30 AM, 4:30 PM and 9:00 PM.</p> <p>Observation on 07/25/13 at 9:09 AM revealed Nurse #1 checked Resident #12's fsbs and announced the value as 245. After administering Resident #12 oral medication, Nurse #1 administered 6u of NovoLog insulin at 9:23 AM.</p> <p>Interview with Nurse #1 on 07/25/13 at 9:25 AM revealed Resident #12 consumed breakfast "around 8:00 AM or so" and she would make certain a mid morning snack would be consumed. Nurse #1 explained this unit was new to her and many residents required sliding scale insulin before meals. Nurse #1 reported she administered oral medications in addition to the insulin injections so she could not administer all of the before meal injections to all residents who required before meal insulin.</p> <p>Interview with Nurse #2, nursing supervisor, on 07/25/13 at 10:11 AM revealed the sliding scale insulin should be administered before meals as ordered.</p> <p>Interview with the Director of Nursing on 07/25/13 at 10:28 AM revealed she expected staff to check the fsbs and administer sliding scale insulin according to physician's orders.</p> <p>Interview with the facility's consultant pharmacist on 07/25/13 at 12:02 PM revealed the Novolog</p>	F 332	<p>(Continued from previous page)</p> <p>DNS and ADNS provided all nursing staff education on diabetic management including: Types of insulin, timing of insulin injections, onset peak and duration. Education started on 8/7/13 and completed on 8/13/13. PRN staff will be educated when next available before starting .</p> <p>All nurses completed a diabetic competency test. Tests were given starting on 8/13/13 and were completed with all full-time and part-time staff on 8/16/13, PRN staff will be tested when scheduled. (See attachment #2)</p> <p>DNS or designee will conduct blood sugar check observations 3x per week for 2 week on random shifts. Then 1x per week for 8 weeks on random shifts. (See attachment #1)</p> <p>DNS or designee will continue to do random blood sugar check audits 1x per week and will discuss results in the facilities monthly QA meeting and make changes to the facilities plan of correction and add an Action Plan to the meeting minutes if it is deemed appropriate.</p>		

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F 332	<p>Continued From page 4</p> <p>insulin should be administered before or with meals but not after meals.</p> <p>2. Resident #11 was admitted to the facility with diagnoses which included diabetes mellitus type 2.</p> <p>Review of Resident #11's monthly physician's orders dated 07/01/13 revealed medications included NovoLog (fast acting) insulin to be administered on a sliding scale two times daily before meals. The sliding scale directed the following doses based on finger stick blood sugar (fsbs) measurements: under 70: 0u (units); 70 to 150: 0u; 151 to 200: 3u; 201 to 250: 5u; 251 to 300: 7u; 301 to 350: 9u; 351 to 400: 11u and 401 and over: call the Medical Doctor.</p> <p>Review of Resident #11's electronic Medication Administration Record revealed the scheduled times for the sliding scale insulin before meals were 7:30 AM and 4:30 PM.</p> <p>Observation on 07/25/13 at 9:32 AM revealed Nurse #1 checked Resident #11's fsbs and announced it was 210. Nurse #1 left the medication cart and returned with insulin syringes. Nurse #1 poured Resident #11's oral medications which she administered at 9:45 AM. Nurse #1 administered 5u of Novolog to Resident #11 at 9:49 AM.</p> <p>Interview with Nurse #1 on 07/25/13 at 9:52 AM revealed Resident #11 consumed breakfast "over a hour ago or so" and Nurse #1 explained this unit was new to her and many residents required sliding scale insulin before meals. Nurse #1 reported she administered oral medications in addition to the insulin injections so she could not</p>	F 332		
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F 332	Continued From page 5 administer all of the before meal injections to all residents who required before meal insulin.  Interview with Nurse #2, nursing supervisor, on 07/25/13 at 10:11 AM revealed the sliding scale insulin should be administered before meals as ordered.  Interview with the Director of Nursing on 07/25/13 at 10:28 AM revealed she expected staff to check the fsbs and administer sliding scale insulin according to physician's orders.  Interview with the facility's consultant pharmacist on 07/25/13 at 12:02 PM revealed the NovoLog insulin should be administered before or with meals but not after meals.	F 332		
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 observation, staff interview and review of facility records, the facility failed to implement a cleaning schedule to maintain the wall next to the three compartment sink and the floor (kitchen and dry storage) clean and free of build-up and	F 371		

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F 371	<p>Continued From page 6 debris.</p> <p>The findings are: During a kitchen observation on 07/24/13 from 11:52 AM to 12:30 PM, the wall next to the three compartment sink and kitchen floor was observed with a build-up of debris and food. The wall contained brown colored splatters. Behind the ice cream and milk coolers, the convection oven and the perimeter of the floor was a build up of debris and dried food to include multiple pieces of paper, a sticky dried red substance, multiple small paper cups covered with brownish colored dried debris, two milk cartons, eight ounces each, both with an inflated/bulging appearance, straw-like debris, dried food crumbs, brownish/black debris, and dust/grease build-up. The perimeter of the floor in the dry storage area was also observed with dried food particles, a dried white powder-like substance, salt/pepper packets and approximately ten dead bugs.</p> <p>A second observation of this area revealed the same conditions on 07/25/13 from 12:45 PM to 1:00 PM.</p> <p>Review of the facility's "Daily Cleaning Schedule" revealed the walls were to be spot cleaned daily and the dry store room and kitchen floor were to be swept/mopped daily.</p> <p>An interview on 07/25/13 at 1:00 PM with the dietary manager (DM) revealed that the floor should be swept/mopped daily. Staff used a water hose and water on occasion to try to flush out the debris behind the oven, but because the equipment could not be removed, all of the debris could not be cleaned out. He stated that he checked behind staff at times and asked them to</p>	F 371	<p><b>F371 - Food Procure, Store / Prepare / Serve - Sanitary</b></p> <p>Dietary staff will be given assigned cleaning tasks to complete daily, weekly, monthly &amp; quarterly. These tasks will be signed off by the Dietary Manager or designee that they are completed on a daily basis 5x per week for 4 weeks. Then 3x per week for 4 weeks. Then 1x per week for 4 weeks. (See attachments #5, #6, #7, #8 &amp; #10)</p> <p>ED will complete a weekly sanitation checklist with Dietary Manager to ensure cleaning procedures are in place.</p>	8/22/13	

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F 371	Continued From page 7 address concerns he noticed, but he was not aware of the buildup of debris on the floor behind equipment or the wall. He further stated that he kept a cleaning schedule, but he did not ask staff to document when tasks were completed, the cleaning schedule was kept for staff reference so they knew what to do. The DM also stated that staff had not been cleaning the perimeter of the floor thoroughly, "I am suppose to monitor for this and I guess I let it fall."  An interview with dietary staff #2 on 07/25/13 at 1:26 PM revealed that the kitchen floor was swept/mopped daily and hosed at times, but equipment was not moved, so the floor behind equipment was not swept/mopped daily. Dietary staff #2 stated had not noticed the build-up of debris behind equipment or on the wall.	F 371			
F 469 SS=D	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM  The facility must maintain an effective pest control program so that the facility is free of pests and rodents.  This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and review of pest service agreement and pest service records, the facility failed to implement an effective pest control program to maintain the kitchen free of flies and drain flies.  The findings are: Review of pest control service report dated 07/19/13 documented that drain fly activity was	F 469			



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F 469	<p>Continued From page 8</p> <p>noted by the technician with recommendations to clean the mop room, the wall to the left of the 3 compartment sink and replace burned out bulbs in the fluorescent light bug traps to help with the drain fly activity.</p> <p>An observation of the lunch meal tray line occurred on 07/24/13 from 11:50 AM to 12:30 PM. During the tray line, five flies were observed flying around and landing on the steam table, food prep table and lowerator (plate warmer/storage). Two fluorescent lights were noted in need of replacement in the fluorescent light bug traps.</p> <p>A follow up observation occurred on 07/25/13 from 12:45 PM to 1:00 PM during the lunch meal tray line service. The two fluorescent lights were still noted in need of replacement in the fluorescent light bug traps. A sheet pan of 14 uncooked yeast rolls was observed on a prep table with approximately four drain flies concentrated on rising yeast rolls. Additionally approximately 18 drain flies were observed on the wall in cook's prep area near the three compartment sink (this area of the wall was covered with brown colored splatter), four on the wall behind the milk cooler, three on the wall next to the ice machine, and one on the ceiling in dish machine area. Additionally five flies were observed on the top shelf of the steam table during lunch meal tray line service.</p> <p>An interview with the dietary manager (DM) occurred on 07/25/13 at 1:10 PM and revealed that he had not noticed the drain flies. The DM further stated that he remembered a prior problem in the kitchen regarding drain flies about two years ago, but it was addressed. He stated</p>	F 469	<p><b>F469 - Maintains Effective Pest Control Program</b></p> <p>Dietary Manager or designee will round kitchen to observe if pests are present. If they are present the Dietary Manager or designee will input the information into our electronic work order system for maintenance to report to our pest control company. This will be completed 5x per week for 2 weeks. 3x per week for 2 weeks. Then 1x week for 2 weeks. (See attachment #11)</p> <p>The fluorescent bug lights will be checked to verify the are operational. This will be completed 5x per week for 2 weeks. 3x per week for 2 weeks. Then 1x week for 2 weeks. (See attachment #11)</p> <p>When performing the weekly ED checklist, the ED will verify results for 6 weeks.</p>	8/22/13

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F 469	<p>Continued From page 9</p> <p>that he had not noticed a problem with drain flies since, just occasional flies. The DM stated that the kitchen received pest control service last week; the glue traps were replaced in the fluorescent light bug traps and the maintenance director was responsible for replacing light bulbs. He stated that besides the fluorescent light bug traps, no other efforts had been made to decrease the number of flies or drain flies in the kitchen.</p> <p>An interview occurred on 07/25/13 at 1:26 PM with dietary staff #2. The interview revealed that drain fly activity had occurred in the kitchen for the last few weeks and was reported to the dietary manager. Dietary staff #2 stated "I have not noticed the gnats sticking to the wall before like they are today."</p> <p>A follow-up interview on 07/25/13 at 2:00 PM with the DM revealed that he did not receive the pest service reports, but rather the reports were submitted to the maintenance director. The DM stated that the maintenance director would then advise the dietary department of any recommendations. The DM stated he was not aware of drain fly activity or recommendations from pest control service reports.</p> <p>An interview with the maintenance director occurred on 07/25/13 at 2:15 PM and revealed that he did not round with the pest service technician and the reports were emailed to him after the technician visited. The maintenance director stated that he opened the email with the pest service technician's report from 07/19/13 that day (07/25/13), but had not had a chance to review it or report the findings to the dietary department for follow up. The maintenance</p>	F 469			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/25/2013</b>
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F 469 Continued From page 10  
director also stated that he expected dietary staff to advise him of any pest activity so that he could be proactive with addressing concerns. The maintenance director also revealed that he had not noticed the flies or the drain fly activity nor had he been advised of ongoing pest activity in the dietary department.

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