

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

PRINTED: 05/28/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  346831	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 05/22/2014
NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 BRENNER AVE, BLDG #10, PO BOX 899 SALISBURY, NC 28148		
(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 241 SS=D	<p><b>483.15(e) DIGNITY AND RESPECT OF INDIVIDUALITY</b></p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interviews, the facility failed to promote dignity during dining when staff was observed standing while feeding, not making eye contact or conversing with resident during the meal for one of two residents who required assistance with feeding in the dining room (Resident #63). The findings included:</p> <p>Resident #63 was admitted to the facility 3/27/12. Cumulative diagnoses included: Alzheimer's disease and Diabetes Mellitus. A Quarterly Minimum Data Set (MDS) dated 4/16/14 indicated Resident #63 had short term and long term memory impairment and was moderately impaired in decision making. He required extensive assistance to total assistance with all areas of care including feeding.</p> <p>On 5/10/14 at 12:17 PM, the lunch meal was observed. Resident #63 was sitting in his wheelchair in the dining room at a table with one other resident. Nursing assistant (NA) #1 brought Resident #63 his lunch tray, set up his meal and fed Resident #63 his entire meal while standing next to him. NA #1 did not make direct eye contact, talk to or engage Resident #63 in conversation during the meal. Eye contact level was noted to be at chest level. There were empty</p>	F 241	<p>The Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements by state and federal law.</p> <p>F-241- The North Carolina State Veterans Home-Salisbury will promote the dignity and respect of veterans that require assistance with meals by ensuring that all staff are seated when providing meal assistance; staff will make eye contact while providing meal assistance; staff will engage the resident with conversation while providing meal assistance; and chairs will be available for staff in all dining rooms.</p> <p>On two dining observations of Resident #63, NA #1 and NA #2 failed to be in seated position, maintain eye contact, and engage veteran in conversation.</p> <ol style="list-style-type: none"> <li>All Nursing staff (including NA #1 and NA #2) will be in -serviced regarding dignity and respect during feeding assistance by the Clinical Care Coordinator. The in-service will include that staff are required to be seated</li> </ol>	06-19-14	

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

*[Signature]*

TITLE

Admin: Strator

(X6) DATE

6-18-14

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 required to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDNG #10, PO BOX 599 SALISBURY, NC 28145		
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F 241	<p>Continued From page 1</p> <p>chairs available in the dining room for NA #1 to be seated when feeding Resident #63.</p> <p>On 5/21/14 at 12:30 PM, a second dining observallon was conducted during the lunch meal. Resident #63 was sitting in his wheelchair in the dining room at a table with two other residents. NA #2 brought Resident #63 his tray and began feeding him his meal standing next to him. NA #2 was tall and eye contact level for Resident #63 was noted to be at waist level. During the meal, NA #2 stopped feeding Resident #63, assisted other residents with washing their hands at the end of their meals, then returned to Resident #63 and fed him the remainder of his meal while standing next to him. NA #2 did not talk to or engage Resident #63 in conversation during the meal. There were two nursing assistants (NA#2 and another nursing assistant) in the dining room during the lunch meal and one of the nursing assistants was seated assisting another resident with his meal. No chairs were available for NA #2 in the dining room.</p> <p>On 5/21/14 at 12:55 PM, NA #2 stated she should have been seated when she fed Resident #63 his meal and she normally sat when feeding a resident. She stated she did not sit down because there were no chairs available in the dining room at the time she assisted him with his meal.</p> <p>On 6/22/14 at 8:11 AM, Administrative staff #1 stated she was not aware that there were not enough chairs in the dining room to allow staff to sit when feeding residents. She stated she expected nursing staff to be seated when assisting residents with eating.</p>	F 241	<p>during assistance with meals; staff will engage the veteran in conversation and make eye contact during assistance with meals; and staff will ensure that chairs are available in the dining room. The in-service education began on 6/6/14 and will be completed on 6/19/14.</p> <p>2. Education will be provided to new staff upon orientation. The education of new staff will remain on-going and will be provided by the Clinical Care Coordinator.</p> <p>3. Monitoring of compliance of dignity and respect during feeding assistance will be performed by the Performance Improvement Nurse and RN Supervisor as follows:</p> <p>Compliance will be monitored during meal times three times a week for four weeks; then one time a week</p>	ongoing	

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NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDNG #10, PO BOX 659 SALISBURY, NC 28146		
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F 371 F 371 SS-E	Continued From page 2 483.35(j) 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 document review the facility failed to let flatware air dry. The findings included:  Review of the facility document titled " Flatware Washing and Sanitation " , revised 07/03, revealed:  " Guidelines: Follow these steps when washing flatware, "  " 1. Pre-soak in a flatware pre soak product following the manufactures directions. 2. Place on rack. 3. Rinse. 4. Send through dish machine 5. Place in baskets or cylinders with the service end up (handles down). 6. Send cylinders, bins or baskets through the dish machine along with empty cylinders, bins or baskets. 7. Cylinders: Flip so handles are up into empty sanitized cylinder. Allow to air dry. "	F 241	for four weeks; then one time a month for four months. The results of the monitoring of meals will be recorded in the Quality Assurance Meeting for four month. Meals monitored will be rotated (breakfast, lunch, dinner, and weekend meals) to ensure all meal times are observed. The meals will be monitored by observation by the Performance Improvement Nurse or the RN Supervisor with a check off list of the appropriate procedure to ensure dignity and respect during feeding assistant (seated in chair, make eye contact, engage in conversation, and ensure chair is available before meals).  4. Any identified issues with non-compliance with dignity and respect during meal times will be	ongoing	

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NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BLDG #10, PO BOX 699 SALISBURY, NC 28146
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F 371	Continued From page 3  On 5/22/14 at 9:30 AM Dietary Aide #1 (DA #1) was observed removing a handful of flatware from a flat rack that had just come out of the dishwasher. She then picked up a towel and dried the water spots off the flatware that was on the outside of the handful of flatware. The water spots on the flatware in the center of the handful she was holding were not dried. She then placed the flatware in its flat storage bin for use. DA #1 was interviewed at this time and stated she was aware she was not supposed to use a towel for drying flatware or other food service items. She stated that she did not always do this but acknowledged she had done it before and stated she did it to save time.  On 5/22/14 at 9:30 AM the Dietary Manager (DM) was interviewed and stated that DA #1 should not have used a towel to dry the flatware. He said that he was not aware she did this at times. The DM also said that DA #1 had skipped steps of the washing and sanitizing process as well (steps 5, 6 and 7 from the Guidelines above) and added that the flatware needed to air dry. He then had the flatware rewashed.	F 241	addressed immediately with staff education and counseling if necessary by Performance Improvement Nurse or RN Supervisor.  5. Extra chairs were placed in the dining rooms on May 22, 2014.  The Performance Improvement Nurse will monitor for compliance of Performance Improvement of Meal Assistance and findings will be presented monthly in the Quality Assurance Meeting for follow up for four months.	05-22-14
F 373 55-D	483.35(h) FEEDING ASST - TRAINING/SUPERVISION/RESIDENT  A facility may use a paid feeding assistant, as defined in §488.301 of this chapter, if the feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and the use of feeding assistants is consistent with State law.  A feeding assistant must work under the	F 371	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. F-371-North Carolina State Veterans Home-Salisbury will ensure the facility will store, prepare, distribute, and serve food under sanitary conditions. Dietary Manager rewashed all flatware, including flatware that was in the	

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NAME OF PROVIDER OR SUPPLIER  NORTH CAROLINA STATE VETERANS NURSING HOME SALISBU	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 BRENNER AVE, BLDG #10, PO BOX 600 SALISBURY, NC 28146
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P 373	<p>Continued From page 4</p> <p>suparvision of a registered nurse (RN) or licensed practical nurse (LPN).</p> <p>In an emergency, a feeding assistant must call a supervisory nurse for help on the resident call system.</p> <p>A facility must ensure that a feeding assistant feeds only residents who have no complicated feeding problems.</p> <p>Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings.</p> <p>The facility must base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care.</p> <p>NOTE: One of the specific features of the regulatory requirement for this tag is that paid feeding assistants must complete a training program with the following minimum content as specified at §483.150:</p> <ul style="list-style-type: none"> <li>o A State-approved training course for paid feeding assistants must include, at a minimum, 8 hours of training in the following: <ul style="list-style-type: none"> <li>Feeding techniques.</li> <li>Assistance with feeding and hydration.</li> <li>Communication and interpersonal skills.</li> <li>Appropriate responses to resident behavior.</li> <li>Safety and emergency procedures, including the Heimlich maneuver.</li> <li>Infection control.</li> <li>Resident rights.</li> <li>Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the</li> </ul> </li> </ul>	F 371	<p>storage bin immediately following the incident on 5/22/14 at 9:30am.</p> <p>All dietary staff have been in-serviced by the Dietary Manager on Flatware Washing and Sanitation and the in-services were completed on 5/27/14. This in-service included how to air dry flatware.</p> <p>Education will be provided to new staff upon orientation by the Dietary Manager on -going.</p> <p>Dietary Manager will monitor compliance of Flatware Washing and Sanitation by visual observation three times a week for four weeks, then one time a week for four weeks, then one time a month for four months.</p> <p>Compliance of Flatware Washing and Sanitation will be monitored and presented by the Dietary Manager or designee in the Quality Improvement Committee meetings for follow up monthly for four months.</p>	05-27-14
		F 373	<p>The Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>F-373-The North Carolina State Veterans Home-Salisbury will cease the paid feeding assistant program. Only nurses and nurses' aides will be allowed to feed residents effective 6/18/14.</p>	

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F 373	<p>Continued From page 5 supervisory nurse.</p> <p>A facility must maintain a record of all individuals used by the facility as feeding assistants, who have successfully completed the training course for paid feeding assistants.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to ensure that a feeding assistant did not feed residents with difficulty swallowing for 1 of 1 sampled resident observed with swallowing problem (Resident #100). The findings included:</p> <p>The facility's policy for the feeding assistant dated 10/2009 was reviewed. The policy read in part "paid feeding assistants - resident selection criteria - a facility must ensure that a feeding assistant feeds only residents who have no complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspiration and tube or parenteral/intravenous (IV) feedings."</p> <p>Resident #100 was admitted to the facility on 7/13/12 with multiple diagnoses including advanced dementia, Parkinson's disease, dysphagia and feeding problem. On 1/31/14, Resident #100 was readmitted with diagnosis of aspiration pneumonia.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 4/29/14 indicated that Resident #100 was cognitively impaired and needed extensive assistance with eating.</p>	F 373			

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F 373	<p>Continued From page 6</p> <p>The Physician's orders for May, 2014 were reviewed. The orders included aspirallon precaution, and the diet was mechanical soft consistency with ground meat and nectar thick liquids.</p> <p>On 5/19/14 at 12:35 PM, Resident #100 was observed in the dining room eating lunch. He had a mechanical soft diet with ground meal and a nectar thick liquid on his tray. He was being fed by a feeding assistant.</p> <p>The training records and performance checklist for the feeding assistant was reviewed. She had received the training on March, 2008.</p> <p>On 5/22/14 at 7:58 AM, NA (nursing assistant) #3 was interviewed. She stated that Resident #100 was on aspiration precaution and he was on nectar thick liquids. She indicated that Feeding Assistant #1 helped feed him most of the time during lunch time and at times breakfast time.</p> <p>On 5/22/14 at 8:25 AM, the administrative staff #1 was interviewed. She indicated that Feeding Assistant #1 was trained to help feed residents. She helped feed residents on A wing, where Resident #100 resided. She stated that a feeding assistant could feed anybody who needed assistant with eating. She was aware that Resident #100 was on aspiration precaution because he had difficulty swallowing and she was aware that the feeding assistant was feeding him. After reading the policy, she indicated that she was not aware that feeding assistants could not feed residents with difficulty swallowing.</p> <p>On 5/22/14 at 9:05 AM, feeding assistant #1 was</p>	F 373			



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F 373	Continued From page 7 interviewed. She stated that she was trained to feed residents in 2008. She indicated that she was asked to help feed on A wing and she has fed Resident #100 most of the time. She was aware that Resident #100 was on aspiration precaution. She was not informed that she could not feed residents with difficulty swallowing	F 373			
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	F 431	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.  F-431-The North Carolina State Veterans Home-Salisbury will ensure that tuberculin purified protein derivative will be discarded within 30 days of being opened per manufacturer's instructions. All nursing staff, including prn and weekend staff, will be educated on manufacturer's instructions regarding tuberculin purified protein derivative, to include that vials are expected dated when opened and to be discarded within 30 days of being opened. This in-service education will be completed by 6/19/14 by the Clinical Care Coordinator. Education will be provided to new partners upon orientation regarding the tuberculin purified protein derivative by the Clinical Care Coordinator ongoing. The Infection Control Nurse will monitor for compliance with the manufacturer's instructions regarding tuberculin purified protein derivative being discarded within 30 days of	06-19-14	



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F 431	<p>Continued From page 8</p> <p>package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, manufacturer's instructions, facility policy review and staff interview, the facility failed to discard two opened vials of tuberculin purified protein derivative (Aplisol vaccine) from one of two medication room refrigerators (first floor). The findings included:</p> <p>Manufacturer specifications per the package insert for Aplisol read, in part, "Vials in use more than thirty (30) days should be discarded."</p> <p>A facility policy titled Multiple Dose Vials (MDV's) issued July 2008 indicated, in part, "7. Opened MDV's will be discarded when they reach the manufacturer's expiration date. 8. If the manufacturer does not specify an expiration date, the MDV will be discarded after thirty (30) days."</p> <p>On 5/21/14 at 10:30AM, an observation of the medication refrigerator on first floor was conducted and revealed two opened vials of tuberculin purified protein derivative (Aplisol). One opened vial was dated 4/11/14 and a second opened vial was dated 4/17/14.</p> <p>On 5/21/14 at 10:35AM, Nurse #1 stated she was not sure how long the tuberculin vaccine could be kept before it needed to be discarded.</p> <p>On 5/21/14 at 4:11 PM, Administrative staff #2</p>	F 431	<p>being opened. The purified protein derivative will be kept in the locked drug refrigerator and will be checked for date at each shift change for compliance and the RN Supervisor will sign off that it was in compliance within the 30 days of being opened. Compliance with ensuring purified protein derivative is dated and remains within the 30 days will be monitored as follows: three times a week for four weeks; then one time a week for four weeks; then one time a month for four months.</p> <p>Documentation of compliance will be brought to the monthly Quality Assurance Committee Meeting by the Infection Control Nurse for review for four months.</p>	

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F 431	Continued From page 9 stated the tuberculin vaccine should have been discarded thirty (30) days after opening. She stated the facility had not had any problems obtaining the vaccine and had not received any instructions from the pharmacy regarding keeping the vaccine any longer than thirty days.	F 431			