

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

PRINTED: 07/30/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/10/2014
NAME OF PROVIDER OR SUPPLIER WILMED NURSING CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 SOUTH TARBORO STREET WILSON, NC 27893		
(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 000	INITIAL COMMENTS	F 000			
F 371 SS=E	<p>There were no deficiencies cited as a result of the complaint investigation during survey ending 07/10/14, event ID# 4MWB11.</p> <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 observation and staff interview the facility failed to maintain a cold salad made with mayonnaise at or below 41 degrees Fahrenheit during operation of the trayline. The facility also failed to air dry tray pans before stacking in storage, and failed to maintain a quaternary sanitizing solution at 150 - 200 parts per million (PPM) as recommended per the manufacturer. Findings included:</p> <p>1. At 12:40 PM on 07/07/14 cups of slaw were being placed on resident trays. The dietary employee was obtaining the cups from the ledge of the steam table. There was also a tray of cups on a cart in front of the steam table. A calibrated thermometer used to check the slaw stored on the steam table ledge registered 70 degrees Fahrenheit, and the same thermometer used to</p>	F 371	<p>F371 The facility will store, prepare, distribute and serve food under sanitary conditions.</p> <p>1. Dietary Supervisor immediately discarded all coleslaw when temperature noted to be out of range.</p> <p>Dietary Supervisor assessed and located no other cold foods being served.</p> <p>Dietary Cook will take food temperatures on cold food items with mayonnaise such as coleslaw at the beginning and middle of trayline to ensure food item remains out of danger zone.</p> <p>Dietary Supervisor will re-inservice staff</p>	8/4/14	

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

TITLE

(X6) DATE

Electronically Signed

07/24/2014

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/10/2014
NAME OF PROVIDER OR SUPPLIER WILMED NURSING CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 SOUTH TARBORO STREET WILSON, NC 27893		
(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	<p>Continued From page 1</p> <p>check the slaw stored on the cart registered 60 degrees Fahrenheit. At this time the dietary manager (DM) stated these temperatures were not acceptable.</p> <p>At 9:32 AM on 07/09/14 seven-pound cartons of commercially prepared slaw were observed in the walk-in refrigerator. The ingredient list documented the three most prominent ingredients in the slaw were cabbage, salad dressing, and mayonnaise.</p> <p>At 10:15 AM on 07/10/14 the DM stated the slaw served for lunch on 07/07/14 was taken from the commercially prepared cartons stored in the walk-in refrigerator. She reported that she expected the staff to maintain cold salads containing mayonnaise at or below 40 degrees Fahrenheit during operation of the trayline. The DM commented the staff was supposed to place cups of salad containing mayonnaise in the walk-in freezer about 30 minutes before the trayline began operation. As the trayline started, she explained one tray of cold salads was to be taken into the kitchen, and the other trays of salad were transferred back into the walk-in refrigerator. According to the DM, as soon as one tray of salads in the kitchen was depleted then another tray was pulled from refrigeration and taken to the kitchen until all resident trays were prepared. The DM commented it had been awhile since the AM dietary staff served cold salads made with mayonnaise, and this may have contributed to the staff not following the usual procedure for serving such cold salads.</p> <p>At 10:30 AM on 07/10/14 the AM cook stated he liked to keep cold salads made with mayonnaise between 35 and 37 degrees Fahrenheit during</p>	F 371	<p>on temperature danger zone, temperature log, and preventive methods to utilize to prevent contamination of foods.</p> <p>Dietary staff will move cold foods with mayonnaise such as coleslaw, chicken salad, pimento cheese to the freezer approximately 30 minutes before start of trayline to chill item down. At start of trayline, will remove food item from freezer and place back in walk-in-cooler refrigerator. Food item will be placed on ice during trayline when removed from refrigerator.</p> <p>Dietary Supervisor will audit food temperatures weekly for four weeks, monthly for three months, then randomly thereafter. Dietary Supervisor will report results in the monthly QA meeting for 12 months.</p> <p>2. Pans will be completely air-dried before stacking for storage. Dietary Supervisor immediately removed wet pans and placed back in dirty area to be re-washed and properly air-dried.</p> <p>Dietary Supervisor inspected all other pans for moisture. No other pans noted to have moisture.</p> <p>Dietary Supervisor will re-in-service staff on proper air-drying of all pots, pans, and dishware before storing and safety/contamination aspects of failure to do so properly.</p> <p>Dietary Supervisor will audit proper drying</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/10/2014
NAME OF PROVIDER OR SUPPLIER WILMED NURSING CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 SOUTH TARBORO STREET WILSON, NC 27893		
(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	<p>Continued From page 2</p> <p>operation of the trayline. He reported most such salads served by the facility where commercially prepared, and stored in the walk-in refrigerator. He commented he preferred to place these salads in cups/bowls, keep them refrigerated, and then transfer them to the walk-in freezer shortly before the trayline began operation.</p> <p>2. At 9:52 AM on 07/09/14 5 of 9 tray pans were found stacked on top of one another with moisture still inside. At this time the cook stated these tray pans were placed in storage the night before.</p> <p>At 10:15 AM on 07/10/14 the dietary manager (DM) stated all kitchenware was to be clean and air-dried before stacking it in storage. The DM reported when moisture was trapped between stacked kitchenware overnight there was a chance bacteria could form, and this bacteria could be transferred to cold foods which were placed inside.</p> <p>At 10:30 AM on 07/10/14 the AM cook stated kitchenware should be completely dry before stacking it in storage. He reported when moisture was trapped between pieces of kitchenware for long periods of time bacteria could contaminate the kitchenware and the food placed in it.</p> <p>3. Between 9:15 AM and 9:58 AM on 07/09/14 a dietary aide was observed wiping down three emptied meal carts with rags from a red bucket. The aide reported quaternary solution from the three-compartment sink sanitizing system was inside the red bucket.</p> <p>At 10:00 AM on 07/09/14 a strip used to test the strength of the quaternary sanitizing solution in</p>	F 371	<p>of pots, pans and dishware weekly for four weeks, monthly for three months and then randomly thereafter. Dietary Supervisor will report results in the monthly QA meeting for 6 months.</p> <p>3. The facility will utilize a quaternary sanitizing solution in the acceptable range of parts per million (PPM) per manufacturer recommendation. Dietary Aide immediately discarded the prepared quaternary sanitizing solution and prepared another bucket. When this solution did not reach proper PPM, the current dispensing container found to be low was replaced with a new dispensing container of solution. The new container tested in correct range. Dietary Aide sanitized food carts.</p> <p>Dietary staff will test the quaternary sanitizer solution each time it is prepared with the quaternary test strips to ensure solution is in the proper range of 150-400 ppm per manufacturer recommendation.</p> <p>Dietary Supervisor will re-inservice staff on the purpose for and proper process of cleaning and sanitizing equipment, strength of sanitizer, and monitoring of dispensing container.</p> <p>Dietary Supervisor will audit the cook and aide buckets of quaternary sanitizing solution weekly for four weeks, monthly for six months, then randomly thereafter. Dietary Supervisor will report the results in the monthly QA meeting for 6 months.</p>		

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

PRINTED: 07/30/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/10/2014
NAME OF PROVIDER OR SUPPLIER WILMED NURSING CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1705 SOUTH TARBORO STREET WILSON, NC 27893		
(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	<p>Continued From page 3</p> <p>this red bucket only registered 0 -25 parts per million (PPM) of sanitizer. The aide attempted to make up a new bucket of sanitizer, but the solution coming out of the dispensing hose only registered 0 - 25 PPM. The dietary manager (DM) requested that a new container of quaternary sanitizer be brought from storage because the level of sanitizer was too low in the current container being used.</p> <p>At 10:15 AM on 07/10/14 the DM stated the meal carts were supposed to be sanitized with a quaternary solution once they were emptied because they had been out in resident common areas and resident halls, and they were used to transport dirty meal trays. She reported the dietary staff making up the red buckets of quaternary sanitizer were supposed to make sure there was adequate levels of sanitizer to feed into the dispensing system, and were supposed to check the strength of the sanitizing solution with strips.</p> <p>At 10:30 AM on 07/10/14 the AM cook stated the employees making up red buckets of quaternary sanitizing solution were supposed to check the strength of the solution each time a bucket was prepared. He reported there was a chart which illustrated what color the strips should change when they were placed in the buckets of sanitizer. The cook commented he thought the manufacturer recommended the strips read 150 - 200 PPM of sanitizer.</p>	F 371			