

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

JUL 01 2015

PRINTED: 06/15/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345434	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2015
NAME OF PROVIDER OR SUPPLIER CARVER LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 321 EAST CARVER STREET DURHAM, NC 27704	
(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 161 SS=B	<p>There were no deficiencies cited as a result of this complaint investigation survey of 6/11/15. Event ID # OXNF11. Complaint intake # NC00105504, NC00105510, NC00105518, NC00105620, NC00106068, and NC0010636.</p> <p>483.10(c)(7) SURETY BOND - SECURITY OF PERSONAL FUNDS</p> <p>The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interviews and document review, the facility failed to ensure that a surety bond which protects the resident's funds held in trust was secured by a bond that named the Residents of the facility as the obligee instead of the State of North Carolina for 58 of 232 residents that had a resident's trust fund account with the facility.</p> <p>The findings include: A review of the facility "Resident's Trust Fund Bond," dated 7/16/13, read in part, named facility and named insurance company, "a surety company organized under the laws of a named state and licensed to do business in the State of NC (North Carolina), as Surety, are held and firmly bound unto the State of North Carolina, Department of Human Resources, Division of Facility Services as Obligee." An "Increase Rider was attached to the bond, which increased the</p>	F 161	<ol style="list-style-type: none"> 1. Surety Bond and Rider Obligee changed to Residents of the facility instead of the State of North Carolina on 6/11/15. 2. All 58 Residents that have a Trust Fund Account with Carver Living Center are named the Obligee under the provisions of the Surety Bond and Rider. 3. Educated Insurance Company, North American Specialty regarding North Carolina States requirements of the surety bond. Insurance Company changed wordage and will ensure correct wordage upon renewals. 	

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

TITLE

(X6) DATE

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 161	Continued From page 1 amount of the surety bond from \$120,000.00 to \$150,000.00. The Increase Rider, read in part, "To be attached and form a part of named Bond #, dated the 16th day of July, 2013, executed by a named insurance company, as surety. On behalf of named facility as current principal of record, and in favor of State of North Carolina, as Obligee. Effective date 6/10/14." The State of North Carolina does not have any provisions for distributing funds to individuals in long term care facilities. During an interview on 6/11/15 at 11:14 AM, the Administrator revealed that the surety bond was out of another state and the company representative responsible for writing the surety bond looked on a website on how the wording for a surety bond should be written and copied the information. She stated that she should have checked the surety bond to make sure it was written correctly, since she was aware of what should be written in the surety bond.	F 161	4. Administrator to review Surety Bond and Rider for correct wordage annually upon renewal to ensure Residents with a Trust Fund Account are the Obligee for any distributions under these provisions. Will review information to Quality Assurance Committee. 5. Compliance will be 6/11/15.		
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:	F 371			

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F 371	<p>Continued From page 2</p> <p>Based on observations and staff interviews the facility failed to maintain kitchen equipment clean and in a sanitary condition to prevent food borne illness by failing to clean two of two tray steam table shelves and failing to clean one staff hand sink.</p> <p>The findings included:</p> <p>A review of the undated PM-Leads Cleaning Checklist: listed under all items to be cleaned: " All steam tables. "</p> <p>1. During an observation of the 100/200 hall tray line on 6/9/15 at 8:37 AM the steam table was observed. The 5 1/2 foot underside of the steam table shelf was observed to be covered with dried dark food particles.</p> <p>Other observations of the 100/200 hall steam table on 6/10/15 at 9:02AM dietary staff were observed plating up food. The 5 1/2 foot underside of the steam table shelf was observed to be covered with dried dark food particles. During a third observation of the 100/200 hall steam on 6/10/15 at 3:43 PM the steam table shelf was in the same condition.</p> <p>During an observation of the main dining room steam table on 6/9/15 at 3:10 PM the 6 foot underside of the steam table shelf was observed to be covered with dried dark food particles. In a second observation on 6/10/15 at 2:56 PM the 6 foot underside of the steam table shelf was observed to be covered with dried dark food particles.</p> <p>2. During an observation on 6/9/15 at 8: 38 AM</p>	F 371	<ol style="list-style-type: none"> 100/200 hall 5 1/2 foot steam table underside cleaned on 6/10/15. Six foot steam table underside cleaned 6/10/15. 100/200 kitchen hand sink residue cleaned/rinsed off on 6/10/15 Daily cleaning schedule for steam tables and hand sink implemented and the AM and PM Dietary Supervisors will monitor daily for compliance. Dietary Manager and Dietitian will complete random QA audits to ensure compliance. All Dietary staff have been educated on 6/10/15 regarding new procedure to clean steam tables and hand sink daily. This will be part of the new employee orientation in the Dietary Department to ensure compliance and education. Compliance QA audits will be presented to the Monthly Quality Assurance Committee times 3 months and then quarterly times 3 for review Compliance will be 6/11/15. 		

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F 371	<p>Continued From page 3</p> <p>the 100/200 hall kitchen area staff hand sink was observed coated with a dark gray residue in the sink basin and ½ way up the sides. During a second observation on 6/10/15 at 9:00 AM the 100/200 hall kitchen sink was observed coated with a dark gray residue in the sink basin and ½ way up the sides of the sink. During a third observation on 6/10/15 at 11:50 AM the 100/200 hall kitchen sink was observed to be in the same condition.</p> <p>In an interview on 6/10/15 at 3:22 PM the Certified Dietary Manager (CDM) stated that the hand sink and steam tables were on the daily cleaning schedule. The CDM stated that it was his expectation that staff cleaned the whole steam table daily.</p>	F 371			