STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345015	A. BUILDING _____ B. WING _____	07/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAPPS CONVALESCENT NH	500 MOUNTAIN TOP DRIVE ASHEBORO, NC 27203

(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	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 observations and staff interviews, the facility failed to discard 7 out of 7 slices of low concentrated sweet cherry pie on the expiration date and failed to maintain cold food storage temperatures at or below 41 degrees Fahrenheit (F) for 10 out of 10 individual cartons (5 cartons of whole milk, 3 cartons of chocolate milk, and 2 carton of skim milk) of milk. Findings included. 1. An observation was made on 7/23/15 at 8:35 AM of low concentrated sweet (LCS) cherry pie slices in the main dining room refrigerator. The labels on 7 out of 7 slices of pie had the date 7/22/15 written on them. The 22 was observed to have a black mark through it on 7 out of 7 plates and "25" written above the 22. An interview was conducted on 7/23/15 at 8:45 AM with the assistant dietary manager and revealed food was labelled with a discard date. She stated, " For example, if we open something on the 21st of the month the label would say the 24th. The discard date is the 24th. " She further stated, " Food labelled 7/22/15 should have been	F 371	It is the policy of this facility to ensure that food is stored, prepare, distribute and serve food under sanitary conditions. 1. Corrective actions taken for those residents found to have been affected by the deficient practice. ¿ On 7/23/15 Dietary Assistant Manager inspected all slices of pie in the dining room cooler for the correct dates. ¿ On 7/23/15 Dietary Assistant Manager discarded all containers of milk from the dining room cooler that were not at the proper temperature (41F degrees or below). 2. Residents having the potential to be affected by the same deficient practice were identified and the following action taken:	8/20/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/13/2015

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F 371	Continued From page 1 thrown away yesterday. It looks like someone altered the date on the LCS cherry pies so I ' ll throw them away right now. They should have been thrown away yesterday, not re-dated. " An interview was conducted on 7/23/15 at 10:00 AM with the dietary manager (DM) and revealed the procedure for labelling pie was to take it out of the freezer and put a date on it. He stated, " That ' s the date it was taken out of the freezer. " He further stated, " After it thaws they put a use by date on it. " He stated one particular staff member (who was not available to interview) would sometimes cross out the first date and write a use by date above it. An interview was conducted on 7/23/15 at 10:32 AM with the administrator. She stated, "I believe the assistant dietary manager does all that stuff, (labelling of food) so it's going to be what she says that would probably be correct." 2. On 7/21/15 at 11:00 AM an observation of the refrigerator in the main dining room was and the temperature registered 36 degrees F. On 7/23/15 at 11:50 AM, an observation was made of the assistant cook checking the temperatures of 10 individual cartons of milk being stored in the main dining room refrigerator. The assistant cook used a calibrated, digital thermometer, took each carton out of the refrigerator one at a time and immediately checked the temperature for each carton. 5 cartons of whole milk registered the following temperatures: 42.0 degrees F, 43.1 degrees F, 41.1 degrees F, 43.3 degrees F, and 44.7 degrees F. # cartons of chocolate milk registered	F 371	¿ On 7/23/15 all pies stored in the walk-in cooler were inspected by Dietary Manager for the correct expiration/discard date. No items were found with expiration dates. ¿ On 7/23/15 a sample from the walk-in cooler, 1 carton of whole milk, 1 carton of skin milk and 1 carton of chocolate milk were tested for proper temperature by Assistant Dietary Manager . All were found to be in acceptable range. 3. Measures or systemic changes put in place to ensure the corrective actions do not reoccur: ¿ All staff responsible for placing dates on food items was re-educated by the Dietary Manager on the proper labeling of dates. ¿ All Dietary staff will be in-serviced by the Dietary Manager on guidelines and acceptable temperature ranges for hot and cold food. ¿ A sheet was developed to record the food temperature ranges Date of completion: 8/8/2015 4. How the corrective actions will be monitored to ensure the deficient practice will not reoccur, i.e. quality assurance	

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F 371	Continued From page 2 the following temperatures: 45.0 degrees F, 43.1 degrees F, and 44.1 degrees F. 2 cartons of skim milk registered the following temperatures: 43.5 degrees F, and 44.8 degrees F. An interview with the assistant cook on 7/23/15 at 12:00 PM revealed the milk was held in the refrigerator overnight. She stated, " I put these milks in here yesterday and haven ' t brought any new one out since yesterday. I served 2 of the milks before because I didn ' t know the temperatures were so high. The residents already drank them. I guess I have too much stuff in this refrigerator to keep the milks cold enough. " On 7/23/15 at 12:22 PM an observation of the refrigerator in the main dining room was made and the temperature registered 36 degrees F. An interview with the DM on 7/23/15 at 12:10 PM revealed, "The temperature the milk is supposed to be held at is 41 degrees F or below." An interview with the DM on 7/23/15 at 3:45 PM revealed a "ServSafe Food Handler" test is administered to each new kitchen employee at the time of hire. Questions included questions related to safe food storage temperatures for cold foods. The DM also stated, "I know she did temps on cold food but didn't write any of them down. So I know if it isn't down it wasn't done. I have no temperature logs for cold food/drinks. I have them for the tray line, but not the cold stuff."	F 371	measures implemented: ¿ Audits of cartons of milk temperature will be conducted by the Dietary Manager or designee on a daily basis for one week; weekly basis for 4 weeks; every 2 weeks for 30 days and the monthly for 3 months. ¿ The results of that monitoring will be reviewed and discussed in the monthly QA Committee meeting. The QA committee will assess and modify the action plan as needed to ensure continual compliance. . Date of Completion: 8/20/2015	
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	F 431		8/20/15

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F 431	Continued From page 3 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 package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, record review and interviews with facility staff, the medication cart was left unlock during the administration of medications for 1 of 5 medication carts. (500 hall medication cart)	F 431	F431 It is the facility policy to store all drugs and biologicals in locked compartments. 1. Corrective actions taken for those	

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F 431	Continued From page 4 The findings included: Record review of the "Medication Storage in the Facility" policy and procedure dated 6/1/12 revealed that medications and biologicals were stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel or staff members lawfully authorized to administer medications. Review of the "Procedures" titled "B." revealed that only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (such as medication aides) were allowed access to medications. Medication rooms, carts and medication supplies were locked or attended by persons with authorized access. Observations of Medication Aide (MA #1) on 7/23/15 at 8:58 AM revealed the medication cart was unlocked, with the button with red dot protruding, indicating the medication cart was unlocked. MA #1 left the medication cart unlocked and preceded to room 501, B bed, which was located against the window, to give the resident his medications. The curtain was pulled and the medication cart was not visible to MA #1. Then MA #1 then pushed the medication cart across the hallway to room 504. The resident was sitting in the hallway in a corner. MA #1 assembled the medications and walked to the resident sitting in her wheelchair in the corner of the hall. She administered the crushed medications in applesauce to the resident. She was about 10 feet from the unlocked medication	F 431	residents found to have been affected by the deficient practice. ¿ 7/23/15 MA #1 was counseled by Director of Nursing regarding improper procedure in locking medication cart while administering medication and re-educated on the procedure of locking medication cart prior to walking away or while the cart is not easily in sight. 2. Residents having the potential to be affected by the same deficient practice were identified and the following action taken: ¿ 7/23/15 All other medication carts were assessed by the Director of Nursing to determine if they were locked if they were not in easy eye sight of the nurse and/or medication aide. All medication carts were found to be locked. 3. Measures or systemic changes put in place to ensure the corrective actions do not reoccur: ¿ All Licensed Nurses and Medication Aides will be given a copy of the policy and procedure for proper medication storage and re-inserviced on the proper procedure of locking the medication carts by Pharmacy Nurse Consultant	

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F 431	Continued From page 5 cart. MA #1 was talking to the resident, encouraging her to take her medications. MA #1 had her back to the medication cart. The medication cart remained unlocked and out of her sight. A resident from room 508 came up the medication cart for her medication. MA #1 returned to the medication cart to obtain the resident's medications. MA #1 gathered the resident's medications and walked away from the unlocked medication cart. MA #1 spoke with the resident, encouraging the resident to take her medications. While MA #1 gave the resident her medications, she had her back to the unlocked medication cart. There were three residents, mobile in their wheelchairs in the hallway, while the medication cart was in the hallway and unlocked. Interview with MA #1 on 7/23/15 at 9:10 AM revealed that she always left the medication cart unlocked when she was administering medications to a resident in the room or hallway. Interview with the Director of Nursing on 07/24/2015 at 8:31 AM revealed her expectation concerning an unlocked medication cart was that when going into a resident room, unless standing next to the medication cart, with the medication cart in their sight, the medication cart must be locked. They cannot have their back to the medication cart.	F 431	¿ All Licensed Nurses and Medication Aids will have completed a Medication Administration Competency evaluation focusing on the importance of locking the medication cart when the cart is unattended or not in easy eyesight. Date of Completion: 8/20/2015 4. How the corrective actions will be monitored to ensure the deficient practice will not reoccur, i.e. quality assurance measures implemented: ¿ The medication carts will be assessed by the DON or designee on a daily basis for one week; weekly basis for 4 weeks; every 2 weeks for 30 days and the monthly for 3 months to determine if they are locked or within eyesight of the nurse/medication aide. Pharmacy consultant will, on an ongoing monthly basis, perform random audits. QA Audit tools were developed to record the results of the monitoring. The results of that monitoring will be reviewed and discussed in the monthly QA Committee meeting. The QA committee will assess and modify the action plan as needed to ensure continual compliance. :	

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F 431	Continued From page 6	F 431	Date of Completion: 8/20/2015	