

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/14/2016
NAME OF PROVIDER OR SUPPLIER CRYSTAL BLUFFS REHABILITATION AND HEALTH CARE CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 4010 BRIDGES STREET EXTENSION MOREHEAD CITY, NC 28557		
(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	<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 observations and staff interviews the facility failed to maintain kitchen equipment clean and in a sanitary condition to prevent cross contamination by failing to clean the tray steam table under shelf for two of two steam tables observed. The findings included: 1. Review of the undated facility policy " PM Cook Position Duties " under Daily Cleaning: read in part "#1. Tray line hot wells, check under shelf." During an observation on 7/13/16 at 10:00 AM the five well steam table in the kitchen was observed. The 5 ½ foot underside of the steam table shelf was observed to be covered with dark dried food particles. On 7/13/16 at 10:02 AM the Certified Dietary Manager/ Chef stated that the steam table should be cleaned by the PM cook. He stated he expected the underside of the shelf to be clean and would retrain staff that day. In an interview on 7/13/16 at 2:28 PM the PM cook stated that he forgot to clean the underside of the shelf as " it was out of sight, out of mind. "</p>	F 371	<p>Preparation and submission of this Plan of Correction is in response to the CMS Form 2567. It does not constitute an agreement of admission by Crystal Bluffs Rehabilitation and Health Care Center of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiency. The facility reserves the rights to contest the deficiencies, findings, conclusions and actions of the agency.</p> <p>Plan of Action: (1) Clean steam tables and hood, to include side wells prior to meal service daily (2) Update Dietary Department cleaning checklist to include cleaning of both steam tables in full daily (3) Inservice Dietary staff regarding appropriate policy and procedure for cleaning steam tables (4) Audit cleanliness of entire steam tables daily for one week and then weekly</p>	7/22/16	

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

TITLE

(X6) DATE

Electronically Signed

07/25/2016

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 371	Continued From page 1 2. During an observation on 7/14/16 at 8:40 AM the dining room steam table was observed. The 4 ½ foot underside of the steam table shelf was observed to be covered with dark dried food particles. In an interview with the CDM/Chef on 7/14/16 at 8:57 AM he stated that he expected staff to clean the whole steam table. He indicated that he should have checked both steam tables the day before. In an interview on 7/14/16 at 9:04 AM the Administrator stated that she would have expected dietary staff to check both of the steam tables the day before.	F 371	for four weeks (5) Discuss concern at quarterly QA meeting for one year *Please see attachments for verification of completion of POC.		
F 431 SS=E	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.	F 431		7/22/16	

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F 431	<p>Continued From page 2</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to maintain a refrigerator temperature between 36 and 46 degrees Fahrenheit for one of two medication refrigerators observed.</p> <p>The findings included:</p> <p>Review of the facility policy titled, " Refrigerators and Freezers " dated April 2006 read in part, "1. Acceptable temperatures should be 36 (degrees) F (Fahrenheit) for refrigerators and less than 0 (degrees) F for freezers." A review of the temperature log titled, " Nurse QA Log " for the month of July 2016 the temperatures ranged from 30 to 35 degrees Fahrenheit. At the bottom of the sheet read, " Refrigerator Temp Range: 32-40 degrees. " During an observation on 7/14/16 at 8:32 AM the thermometer in the refrigerator on the 100,200 and 300 halls read 34 degrees Fahrenheit. During an interview Nurse #1 stated the refrigerator was 34 degrees and she was observed to reset the refrigerator thermostat.</p>	F 431	<p>Preparation and submission of this Plan of Correction is in response to the CMS Form 2567. It does not constitute an agreement of admission by Crystal Bluffs Rehabilitation and Health Care Center of the truth of the facts alleged or the correctness of the conclusions stated on the statement of deficiency. The facility reserves the rights to contest the deficiencies, findings, conclusions and actions of the agency.</p> <p>Plan of Correction: (1) Temperature range on refrigerator checked and immediately adjusted to reflect correct range between 36-46 degrees Fahrenheit (2) Medications removed from refrigerator and returned to pharmacy in order to obtain new medications (3) QA log removed from refrigerator and updated to specify acceptable temperature range of 36-46 degrees Fahrenheit for refrigerators designated for</p>		

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F 431	<p>Continued From page 3</p> <p>During the observation 1 packet of Enbrel Etanercept 25 mg (milligrams)/0.5 ml (milliliters). The instructions for storage revealed the medication should be refrigerated at 36 to 46 degrees Fahrenheit. The instructions read, " Do not freeze. " Also observed were 3 packets of Risperdal 25 mg. The instructions for storage revealed the medication should be stored in the refrigerator at 36 to 46 degrees Fahrenheit and 3 packages of Risperdal 50 mg. with instructions to store in the refrigerator at 36 to 46 degrees Fahrenheit.</p> <p>On 7/14/16 at 8:39 AM the Director of Nursing (DON) stated the temperatures documented that they have been 30 to 35 degrees on the Nurse QA log for refrigerator temperatures for July 2016. The DON further stated that staff did not notify anyone or reset the refrigerator.</p> <p>On 7/14/16 at 10:32 AM Nurse #1 a night shift nurse responsible for checking the temperatures for the refrigerator stated she looked at the bottom of the Nurse QA Log for monitoring the medication refrigerator and it read Refrigerator Temp Range: 32-40 degrees and that was the temperature she thought the refrigerator should be set on.</p> <p>On 7/14/16 at 10:55 AM the Administrator stated that the Nurse QA Log did have 32-40 degrees written on the bottom of the page and that the maintenance director did not recognize that the temperature was incorrect but he was aware of the correct temperature.</p>	F 431	<p>medications</p> <p>(4) Staff inservicing on policy and procedure for maintaining acceptable temperature range of 36-36 degrees Fahrenheit for refrigerators designated for medications</p> <p>(5) Safety committee to complete audits of temperatures on refrigerators designated for medications daily for four weeks and then monthly</p> <p>(6) Discuss concern at quarterly QA meeting for one year</p> <p>*Please see attachments as verification of completion of POC.</p>		