

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

PRINTED: 10/13/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/09/2016
NAME OF PROVIDER OR SUPPLIER AZALEA HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412	
(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=D	<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 proper refrigerator temperatures for one of two nourishment refrigerators observed. Findings included: On 9/9/2016 at 9:10 AM, the nourishment room refrigerator on the Magnolia hall was observed to have a temperature of 46 degrees. On 9/9/2016 at 10:45 AM, the nourishment room refrigerator on the Magnolia hall was observed to have a temperature of 42 degrees. On 9/9/2016 at 3:40 PM, in an interview, the Dietary Manager stated the Dietary Department was responsible for maintaining the nourishment refrigerators. The Dietary Manager stated the Nursing Assistants (NAs) on night shift were</p>	F 371	<p>1. There were no residents noted affected by the deficient practice</p> <p>2a. Residents residing on the Magnolia Hall/200 hall at time of deficient practice will be considered as having the potential for being affected 2b. The refrigerator temperature logs were reviewed for any omissions on 9/9/16. 2c. Any identified omissions were communicated to Administrator for further guidance.</p> <p>3.a. On 9/9/16 the Administrator provided written guidance to the Dietary Manager, maintenance Director and DON on correct documentation of refrigerator temperatures in the nourishment room on</p>	9/23/16

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

TITLE

(X6) DATE

Electronically Signed

09/23/2016

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 responsible for logging the refrigerator temperatures, and the expectation was the temperatures would be 40 degrees or less.	F 371	<p>Magnolia Hall / 200 Hall to determine root cause and determine if there were any negative outcomes which were addressed. Temperature on Magnolia Nourishment Refrigerator was adjusted and the temperature was 35 degrees before the surveyors left.</p> <p>3b. In-service on existing policy will be conducted to all dietary and clinical staff by 9/23/16.</p> <p>3c. Any abnormal refrigerator temperatures will be reported to the Administrator/ Maintenance Director. The Administrator/ Maintenance Director will initiate guidance on correct process on adjustment to refrigerator to maintain temperature within regulatory guidelines.</p> <p>4a. Refrigerator log will be kept each shift for 1 week and/or 7 days by nursing staff to monitor nourishment room refrigerator; Then nursing staff will maintain a log for 2x/ day monitoring for 1 week and/or 7 days; Then nursing staff will maintain daily refrigerator logs.</p> <p>4b. Any temperatures higher than 40 degrees will be immediately reported to the Administrator and/or Maintenance Director.</p> <p>4c. Administrator will ensure that the required action/follow up has been completed by Department Managers(s) assigned. Will ensure that appropriate documentation is in place.</p> <p>4d. Administrator will bring the completed refrigerator logs to QAPI monthly 3 months.</p>		