

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

PRINTED: 12/28/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345161</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/02/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABERNETHY LAURELS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>102 LEONARD AVENUE NEWTON, NC 28658</b>	
(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 253 SS=E	<p>483.10(i)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to label a comb and bed pans and bath basins in 3 resident bathrooms (Room #302, #705 and #711) on 2 of 9 resident halls. The facility also failed to repair 13 resident room doors with broken and splintered laminate and wood on the lower edges of the doors (Room #209, #302, #304, #309, #411, #504, #505, #701, #703, #705, #711, #805 and #902) on 7 of 9 resident halls (200, 300, 400, 500, 700, 800 and 900 halls), failed to repair 1 resident's bathroom door with broken and splintered laminate on the lower edges of the door (Room #807), failed to repair a spa door with broken and splintered laminate on the lower edges of the door (700 hall), failed to repair a door to a multipurpose room with broken and splintered laminate on the lower edges of the door (900 hall) and failed to repair smoke prevention doors in the locked unit near the nurses station with broken and splintered laminate on the lower edges of the doors (on 1 of 1 locked unit).</p> <p>The findings included:</p> <p>1. a. Observations on 11/30/16 at 4:45 PM in the bathroom of Room #302 revealed a comb lying</p>	F 253	<p>Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Abernethy Laurels of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law, and because the facility has been threatened with termination from the Medicare and Medicaid programs if it fails to do so. The facility contends that it was in substantial compliance with all requirements on the survey date, and denies that any deficiency exists or existed or that any such plan is necessary. Neither the submission of such plan, nor anything contained in the plan should be construed as an admission of any deficiency, or of any allegation contained in this survey report. The facility has not waived any of its rights to contest any of these allegations or any other allegation or action. This plan of correction serves as the allegation of substantial compliance.</p> <p>Prefix Tag: F253</p>	12/30/16

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

TITLE

(X6) DATE

Electronically Signed

12/23/2016

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 253	Continued From page 1 on the sink with no resident name on it. Observations on 12/01/16 at 4:50 PM in the bathroom of Room #302 revealed a comb lying on the sink with no resident name on it. Observations on 12/02/16 at 10:00 AM in the bathroom of Room #302 revealed comb lying on the sink with no resident name on it.  b. Observations on 11/28/16 at 04:33 PM in the bathroom of Room #705 revealed 2 bed pans and a bath basin that were each inside a plastic bag and were stacked on top of each other on the floor in the bathroom with no resident names on them. Observations on 11/30/16 at 4:40 PM in the bathroom of Room #705 revealed 2 bed pans and a bath basin that were each inside a plastic bag and were stacked on top of each other on the floor in the bathroom with no resident names on them. Observations on 12/01/16 at 12:38 PM in the bathroom of Room #705 revealed 2 bed pans and a bath basin that were each inside a plastic bag and were stacked on top of each other on the floor in the bathroom with no resident names on them.  c. Observations on 11/29/16 at 11:00 AM in the bathroom of Room #711 revealed a bed pan and a bath basin were each inside plastic bags and were hanging from a handrail in the bathroom with no resident name on them. Observations on 11/30/16 at 4:43 PM in the bathroom of Room #711 revealed a bed pan and a bath basin were each inside plastic bags and were hanging from a handrail in the bathroom with no resident name on them. Observations on 12/01/16 at 12:39 PM in the bathroom of Room #711 revealed a bed pan and	F 253	It is the intent of this facility to ensure that housekeeping and maintenance services maintain sanitary, orderly, and comfortable interior.  1a) Facilities plan of corrective action that has been or will be accomplished for those residents found to have been affected by the practice:  On 12/2/2016, the comb lying on the bathroom sink in room # 302 with no resident name on it was discarded. On 12/2/2016, resident received a new comb labeled with name. On 12/2/2016, bed pans and bath basin that was observed in the bathroom of room # 705 and room # 711, were discarded. On 12/2/2016, new bath basin and bed pan were replaced in room # 705 and room # 711, labeled with resident name and stored properly.  1b) Facilities plan of how corrective action will be accomplished for those residents having potential to be affected by the same practice:  By 12/23/2016 nurses and CNA's went through each resident's room to audit that all personal care items were labeled in semi-private rooms. On 12/26/2016 Director of Quality and Education provided an in-service to nursing and housekeeping staff on labeling personal care items and storing bed pans and basins properly. Housekeeping staff are to notify nursing staff if items discovered are unlabeled.		

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F 253	<p>Continued From page 2</p> <p>a bath basin were each inside plastic bags and were hanging from a handrail in the bathroom with no resident name on them.</p> <p>During an interview on 12/02/16 at 9:56 AM Nurse #1 explained resident hygiene products were supposed to be labeled with the resident's name and personal care equipment such as bed pans or bath basins were supposed to be labeled with the resident's name and stored in plastic bags.</p> <p>During an interview on 12/02/16 at 12:21 PM with Nurse Aide #1 she stated staff were expected to label resident care equipment with the resident's name and they were expected to put resident's personal care equipment such as bed pans or bath basins in a plastic bag. She further stated a resident's personal hygiene products were supposed to be labeled with the resident's name.</p> <p>During an interview and tour on 12/02/16 at 10:36 AM with the Director of Nursing she stated resident care equipment should be stored in a plastic bag and tied to the handrail in the bathroom and the items were not supposed to be stored on the floor. She confirmed there was no resident name on the comb in the bathroom of room #302 and there was no resident name on the bath basins and bed pan in the bathroom in room #705 and there was no resident name on the bed pan or bath basin in the bathroom of room #711. She explained labeling of a resident's personal care equipment was discussed in orientation with each new employee and she expected for staff to label all personal care equipment.</p> <p>2. a. Observations of Room #209 on 11/28/16 at</p>	F 253	<p>1c) Facilities plan to measure what will be put in place or systemic changes made to ensure that the practice resulting in an undesired outcome will not occur:</p> <p>Each week for six months, third shift nursing staff will be responsible for assigned rooms and audit that all personal care items are labeled and stored properly. Daily collaboration to be implemented between nursing and housekeeping when cleaning rooms. Housekeepers to alert nursing staff when they notice personal items are not labeled or bed pans are not stored properly in a semi-private room. Each month, for six months, QAPI Committee which consists of Director of Quality and Education, Director of Nursing, Assistant Director of Nursing, Wound &amp; Infection Control Nurse, Nursing Home Administrator, Executive Director, Social Services Director, MDS Coordinator, and Unit Managers assigned to specific halls will complete QAPI Hall Audit and check that personal care items are labeled and stored appropriately. Each nurse's cart will have a sharpie for nursing access. Sharpies will be kept at each nurse's station and in supply room for staff to utilize and label personal care items.</p> <p>1d) Facilities plan to monitor its performance so solutions are sustained and integrated into the facility's quality assurance system:</p> <p>The measures will be monitored by the Director of Nursing with oversight by the</p>		

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F 253	<p>Continued From page 3</p> <p>4:54 PM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 4:48 PM revealed the door of resident room #209 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:42 PM revealed the door of resident room #209 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>b. Observations of Room #302 on 11/28/16 at 04:35 PM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 4:51 PM revealed the door of resident room #302 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:38 PM revealed the door of resident room #302 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>c. Observations of Room #304 on 11/28/16 at 4:13 PM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 4:52 PM revealed the door of resident room #304 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:39 PM revealed the door of resident room #304 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>d. Observations of Room #309 on 11/29/16 at</p>	F 253	<p>Administrator through the QAPI process. The Director of Nursing will report on the measures implemented to the QAPI Committee which will evaluate the effectiveness for a minimum of 6 months. The Committee will make further recommendations to adjust the measures as needed. The Administrator is responsible to see that recommendations are acted upon in a timely manner.</p> <p>2a) Facilities plan of corrective action that has been or will be accomplished for those residents found to have been affected by the practice:</p> <p>The following doors had broken and splintered laminate and wood on the lower edges of the doors (resident room # 209, 302, 304, 309, 411, 504, 505, 701, 703, 705, 711, 805, 902). By 12/27/2016 these doors will be fixed and repaired, free from broken and splintered laminate and wood on the lower edges of the door. The spa room door on 700 hall had broken and splintered laminate on the edges of the bottom half of the door. By 12/27/2016, this door will be fixed and repaired, free from broken and splintered laminate and wood on the lower edges of the door. The multipurpose room door on 900 hall had broken and splintered laminate on the edges of the bottom half of the door. By 12/27/2016 this door will fixed and repaired, free from broken and splintered laminate on the lower edges of the door.</p> <p>2b) Facilities plan of how corrective action will be accomplished for those residents</p>		

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F 253	<p>Continued From page 4</p> <p>10:34 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 4:53 PM revealed the door of resident room #309 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:40 PM revealed the door of resident room #309 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>e. Observations of Room #411 on 11/29/16 at 1:46 PM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 4:56 PM revealed the door of resident room #411 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:43 PM revealed the door of resident room #411 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>f. Observations of Room #504 on 11/29/16 at 1:47 PM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 4:57 PM revealed the door of resident room #504 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:44 PM revealed the door of resident room #504 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>g. Observations of Room #505 on 11/28/16 at</p>	F 253	<p>having potential to be affected by the same practice:</p> <p>Plant Operations staff audited healthcare building on 12/23/2016 to determine other doors, spa doors, or multipurpose doors were free from broken and splintered edges. Any damaged doors will be repaired by 12/27/2016. Training was initiated with staff working in healthcare unit to report damage to doors and ways to report damage through work order system or safety hotline. This in-service will be provided by Director of Quality and Education and the Director of Plant Operations on 12/26/2016 to housekeeping staff, plant operations staff, administrative staff, nursing staff, activity staff, social services staff, and dietary staff. Director of Facilities Management to update Preventive Maintenance Program by 12/26/2016 to reflect checking and auditing all doors in healthcare facility monthly.</p> <p>2c) Facilities plan to measure what will be put in place or systemic changes made to ensure that the practice resulting in an undesired outcome will not occur:</p> <p>Director of Facilities Management will assign Preventive Maintenance Program to a plant operation employee. This employee will complete Preventive Maintenance door audit monthly. QAPI Committee which consists of Director of Quality and Education, Director of Nursing, Assistant Director of Nursing, Wound &amp; Infection Control Nurse, Nursing</p>		

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F 253	<p>Continued From page 5</p> <p>4:12 PM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 4:58 PM revealed the door of resident room #505 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:45 PM revealed the door of resident room #505 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>h. Observations of Room #701 on 11/29/16 at 12:11 PM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 4:59 PM revealed the door of resident room #701 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:46 PM revealed the door of resident room #701 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>i. Observations of Room #703 on 11/29/16 at 11:21 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 5:00 PM revealed the door of resident room #703 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:47 PM revealed the door of resident room #703 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>j. Observations of Room #705 on 11/28/16 at 4:37</p>	F 253	<p>Home Administrator, Executive Director, Social Services Director, MDS Coordinator, and Unit Managers will audit doors each month for 6 months. During orientation, Director of Plant Operations will educate new employees on how to use safety hotline and work order system and the importance of reporting damaged doors. New Healthcare building to be completed in June 2017.</p> <p>2d) Facilities plan to monitor its performance so solutions are sustained and integrated into the facility's quality assurance system:</p> <p>The measures will be monitored by the Director of Facilities Management with oversight by the Administrator through the QAPI process. The Director of Facilities Management will report on the measures implemented to the QAPI Committee which will evaluate the effectiveness for a minimum of 6 months. The Committee will make further recommendations to adjust the measures as needed. The Administrator is responsible to see that recommendations are acted upon in a timely manner.</p>		

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F 253	<p>Continued From page 6</p> <p>PM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 5:01 PM revealed the door of resident room #705 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:48 PM revealed the door of resident room #705 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>k. Observations of Room #711 on 11/29/16 at 11:00 AM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 5:02 PM revealed the door of resident room #711 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:49 PM revealed the door of resident room #711 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>l. Observations of Room #805 on 11/29/16 at 2:48 PM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 5:04 PM revealed the door of resident room #805 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:50 PM revealed the door of resident room #805 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>m. Observations of Room #902 on 11/28/16 at</p>	F 253			

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F 253	<p>Continued From page 7</p> <p>4:20 PM revealed the door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 5:06 PM revealed the door in resident room #902 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:52 PM revealed the door in resident room #902 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>3. Observations of Room #807 on 11/29/16 at 2:35 PM revealed the bathroom door of the resident's room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 5:05 PM revealed the bathroom door in resident room #807 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:51 PM revealed the bathroom door in resident room #807 had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>4. Observations on 11/28/16 at 4:22 PM on the 700 hall revealed the door of the spa room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 11/30/16 at 5:07 PM on the 700 hall revealed the door of the spa room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>Observations on 12/01/16 at 12:53 PM on the 700 hall revealed the door of the spa room had broken and splintered laminate on the edges of the bottom half of the door.</p>	F 253			



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F 253	<p>Continued From page 8</p> <p>5. Observations on 11/28/16 at 4:23 PM on the 900 hall revealed the door of a multipurpose room had broken and splintered laminate on the edges of the bottom half of the door. Observations on 11/30/16 at 5:08 PM on the 900 hall revealed the door of a multipurpose room had broken and splintered laminate on the edges of the bottom half of the door. Observations on 12/01/16 at 12:54 PM on the 900 hall revealed the door of a multipurpose room had broken and splintered laminate on the edges of the bottom half of the door.</p> <p>6. Observations on 11/28/16 at 4:24 PM in the locked unit revealed the smoke prevention doors near the nurse's station had broken and splintered laminate on the edges of the bottom half of the doors. Observations on 11/30/16 at 5:09 PM in the locked unit revealed the smoke prevention doors near the nurse's station had broken and splintered laminate on the edges of the bottom half of the doors. Observations on 12/01/16 at 12:55 PM in the locked unit revealed the smoke prevention doors near the nurse's station had broken and splintered laminate on the edges of the bottom half of the doors.</p> <p>During an interview and tour on 12/02/16 at 10:04 AM with the Director of Facility Management he stated the facility utilized a work order system and staff could access work orders on any computer. He explained when staff put in a work order in the computer system they got a confirmation number and the work order was sent to the maintenance department. He further explained there were 3 maintenance staff who covered the skilled nursing units and work orders were prioritized</p>	F 253			

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PRINTED: 12/28/2016  
FORM APPROVED  
OMB NO. 0938-0391

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F 253	Continued From page 9 and assigned to maintenance staff to do the repairs. He stated if a Nurse or Nurse Aide saw something that needed to be repaired he expected for them to report it to their supervisor and the supervisor could put the work orders in the computer system. He explained most work orders were completed within a day but sometimes within hours depending on how complicated the repair and it was everybody's responsibility to report things. He confirmed the doors observed during the tour needed to be repaired to remove the rough edges.  During an interview and tour on 12/02/16 at 10:33 AM with the Administrator she stated it was her expectation for staff to call and report when repairs needed to be made. She explained Administrative staff made rounds routinely and the safety committee addressed concerns monthly and she expected for maintenance staff to be proactive to fix things.	F 253			
F 371 SS=E	483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  (i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.  (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.  (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.  (iii) This provision does not preclude residents	F 371		12/30/16	

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F 371	<p>Continued From page 10 from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to label and date multiple portion food items and left over prepared foods in the kitchen walk in freezer and a reach in freezer.</p> <p>The findings included:</p> <p>During the initial tour of the kitchen on 11/28/16 at 1:23 PM the following unlabeled and undated items were observed on shelves in the walk in freezer:</p> <ul style="list-style-type: none"> <li>- a clear plastic bag containing frozen dough for approximately 10 dinner rolls</li> <li>- a clear plastic bag containing approximately 8 frozen dinner rolls</li> <li>- a clear plastic bag containing approximately 12 frozen ravioli</li> <li>- a gallon sized recloseable bag of dark red sauce</li> <li>- an opaque blue bag containing approximately 3 cups of a frozen food item</li> </ul> <p>An interview with the Dietary Manager (DM) on 11/28/16 at 1:23 PM revealed all of the observed food items in the freezer needed to be labeled and dated.</p> <p>Observations of a reach in freezer on 11/28/16 at</p>	F 371	<p>Prefix Tag: F371</p> <p>It is the intent of this facility to ensure food procure, store/prepare/serve is sanitary, labeled, and dated.</p> <p>1a) Facilities plan of corrective action that has been or will be accomplished for those residents found to have been affected by the practice:</p> <p>A clear plastic bag containing frozen dough and dinner rolls were found in the walk in freezer unlabeled and undated, this item was immediately discarded on 11/28/2016. A clear plastic bag of approximately twelve frozen ravioli was found in the walk in freezer unlabeled and undated, this item was immediately discarded on 11/28/2016. A gallon sized re-closeable bag of dark red sauce was found in the walk in freezer unlabeled and undated, this item was immediately discarded on 11/28/2016. An opaque blue bag containing approximately three cups of a frozen food item was found in the walk in freezer unlabeled and undated,</p>		

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F 371	<p>Continued From page 11</p> <p>1:36 PM revealed an unlabeled and undated clear plastic bag containing frozen dough for approximately 12 cookies. The DM was present during this observation and stated the bag needed to be labeled and dated.</p> <p>Signage was affixed to the kitchen's refrigerator and freezer doors which stated, "All Foods Must Be Covered And Labeled And Dated- No Exceptions."</p> <p>An interview was conducted with the Director of Culinary Services on 11/28/16 at 2:00 PM. The Director of Culinary Services stated that he and the Executive Chef and the Sous Chef checked the refrigerators and freezers daily for unlabeled and undated food items but they were all scheduled off today because they had worked Thanksgiving Day. The Director of Culinary Services further stated all of the dietary staff were trained to date and label food items before placing them back in the freezer.</p>	F 371	<p>this item was immediately discarded on 11/28/2016. A clear plastic bag containing frozen dough for approximately twelve cookies was found in the reach in freezer unlabeled and undated, this item was immediately discarded on 11/28/2016.</p> <p>1b) Facilities plan of how corrective action will be accomplished for those residents having potential to be affected by the same practice:</p> <p>On 11/28/2016, Director of Dining Services, Executive Chef, Sous Chef, and all dietary staff went through walk in freezer, reach in freezer, and cooler to audit all other food items that were not properly labeled and dated and discarded necessary items or labeled and dated appropriately. On 12/15/2016, Director of Dining Services held an in-service for all dietary staff including dating and labeling, proper food storage and removal from package, and overall food rotation using first in first out method. Director of Dining Services and Executive Chef will designate an area in the walk in freezer for "loose, frozen items" that may not be placed back in the original packaging box that would require labeling and dating; this to be completed by 12/26/2016. Managerial staff will rotate days off to provide daily coverage and allow walk through audits in the kitchen.</p> <p>1c) Facilities plan to measure what will be put in place or systemic changes made to ensure that the practice resulting in an undesired outcome will not occur:</p>		

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F 371	Continued From page 12	F 371	<p>On 12/23/2016, Director of Dining Services created a daily walk through auditing schedule for each area of the department for supervisors, managers, and all dietary staff assigned to that particular area. Staff members will sign off on opening and closing checklist schedule verifying that items within their area are labeled and dated. Director of Dining Services, Executive Chef, and Sous Chef will audit behind supervisors, managers, and dietary staff who are signing off on opening and closing responsibilities, verifying accuracy on labeling and dating in their specific work areas. Director of Dining Services, Executive Chef, and Sous Chef will verify accuracy daily for the first month, weekly for the second month, and every other week for the third month. On 12/22/2016, Director of Dining Services implemented signature sheet for supervisors, Executive Chef, Sous Chef, and Director to sign off on verification and accuracy of dating and labeling food items. Signature sheet posted on walk-in freezer and reach in freezers. Each managerial staff member will be assigned a week to perform audits in refrigerators and freezers, verifying all food items are labeled and dated. Director of Dining Services to implement a weekly walk through audit on 12/28/2016, with all supervisors and managers at the beginning of supervisor meeting. A comprehensive self-inspection including combination of food safety inspection, safety inspection, sanitation, equipment sanitation, etc. to be completed yearly by</p>	

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F 371	Continued From page 13	F 371	<p>Executive Chef or Sous Chef. A food safety inspection including labeling, dating, sanitation, food temperatures, personal hygiene, etc. to be completed monthly by Executive Chef or Sous Chef. Pre-survey inspection to be completed by dietary management staff every six months. Area safety coordinator to perform unannounced safety inspections to ensure proper procedures are followed in the kitchen.</p> <p>1d) Facilities plan to monitor its performance so solutions are sustained and integrated into the facility's quality assurance system:</p> <p>The measures will be monitored by the Director Dining Services with oversight by the Administrator through the QAPI process. The Director of Dining Services will report on the measures implemented to the QAPI Committee which will evaluate the effectiveness for a minimum of 6 months. The Committee will make further recommendations to adjust the measures as needed. The Administrator is responsible to see that recommendations are acted upon in a timely manner.</p>		