

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

PRINTED: 05/09/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345169</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/06/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIAN CTR HEALTH &amp; REHAB/GASTO</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>969 COX ROAD</b> <b>GASTONIA, NC 28054</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 253 SS=D	<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 replace missing floor tiles in a resident room, keep scraped paint and spackled areas on walls and around a light in a resident bathroom repainted, keep bedside dresser scratches repaired, replace a towel rack in a bathroom, repair doors from scrapes and scratches in 7 of 85 rooms on 4 of 5 halls, and keep a hand rail in the hall secured on 1 of 5 halls.</p> <p>The findings included:</p> <p>1. a. Observations made on 04/03/17 at 11:30 AM, 04/04/17 at 9:01 AM, and 04/05/17 at 8:24 AM and 04/06/17 at 8:47 AM of room 114 revealed missing floor tiles in front of the sink.</p> <p>b. Observations made on 04/03/17 at 11:45 AM, 04/04/17 at 8:25 AM, 04/05/17 at 8:40 AM and 04/06/17 at 9:44 AM of room 105 revealed an approximately a 12 inch by 12 inch area on the wall beside the air/heat unit with the paint scratched off and slightly indented.</p> <p>2. a. Observations on 04/04/17 at 11:21 AM, 04/05/17 at 11:43 AM and 04/06/17 at 9:04 AM revealed Room 108 had scraped paint on wall behind the door, on dividing wall between sink counter and closet, and on the counter under sink.</p>	F 253	<p>Replaced missing floor tiles in Room 114.</p> <p>Repaired wall in Room 105.</p> <p>Repaired walls in Room 108.</p> <p>Repaired walls, doors, and drawers in Room 410.</p> <p>Repaired walls and doors in Room 415.</p> <p>Repaired towel bar, wall, and door in Room 520.</p> <p>Secured loose handrail on 500 Hall between the soiled linen and compressed air rooms.</p> <p>Repaired peeling paint around bathroom ceiling light in Room 204.</p> <p>All Residents identified as having the potential to be affected.</p> <p>Audit conducted by Administrator to identify other maintenance items in need of repair.</p> <p>Education/Training completed with all staff by Maintenance Director specifically related to the importance and the process</p>	5/3/17

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

TITLE

(X6) DATE

Electronically Signed

04/29/2017

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	<p>Continued From page 1</p> <p>b. Observations on 04/04/17 at 08:47 AM, 04/05/17 at 11:31 AM and 04/06/17 at 8:55 AM revealed Room 410 had spackled and unpainted areas of the wall, nail holes in the walls, scraped doors, areas of the wall with scraped paint near the bathroom door, and set of drawers beside beds with finish scraped off.</p> <p>c. Observations on 04/03/17 at 12:33 PM, 04/05/17 at 11:35 AM and 04/06/17 at 8:47 AM revealed Room 415 had scraped doors, and scraped paint on counter under sink.</p> <p>d. Observation on 04/03/17 at 11:53 AM, 04/04/16 at 2:45 PM, 04/05/17 at 11:47 AM, 04/06/17 at 9:06 AM revealed Room 520 had a towel bar pulled out of the wall and lying on commode chair in the bathroom, the wall beside the bathroom had scraped paint; the bathroom door was scraped and had rough edges.</p> <p>3. a. An initial observation on 04/03/17 at 12:16 PM revealed a loose handrail on 500 hall between the soiled linen and compressed air rooms. Continued observation on 04/05/17 at 3:07 PM revealed the same loose handrail on the 500 hall between the soiled linen and compressed air rooms. Final observation on 04/06/2017 at 10:52 AM revealed same loose handrail on 500 hall between soiled linen and compressed air rooms</p> <p>b. An initial observation on 04/04/17 at 10:32 AM of room 204 revealed peeling paint around bathroom ceiling light. Additional observation on 04/05/17 at 3:19 PM of room 204 revealed peeling paint around bathroom ceiling light. Continued observation on 04/06/17 at 9:33 AM of</p>	F 253	<p>of communicating needed/identified repairs to maintain a sanitary, orderly, and comfortable interior. Education provided communicating Repairs Request Communication Log mounted on wall of each hallway to ensure timely communication.</p> <p>Repairs Request Communication Log implemented for each hallway to make repairs requests easily accessible to staff. Repairs Communication Log placed in Holder mounted on wall on each hallway.</p> <p>Repairs Monitoring Tool implemented. Repairs Monitoring Tool to be completed by Administrator 3 days each week for 12 weeks. Administrator will conduct Room Rounds 3 days each week to include 5 Rooms each day; totaling 15 Rooms per week, to ensure rooms maintain an sanitary, orderly, and comfortable interior. Repairs Monitoring Tool implemented into monthly Quality Assurance and Performance Improvement meeting to ensure compliance and evaluate effectiveness.</p>		

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F 253	<p>Continued From page 2</p> <p>room 204 revealed continued peeling paint around bathroom ceiling light</p> <p>On 04/06/17 at 11:36 AM an interview and walk around, the maintenance director stated that he was informed of maintenance requests through maintenance request logs that were placed around the building. He stated that there were 3 request logs, one each on 100, 300, and 500 halls. He further revealed that nurses, CNAs, admin and maintenance were responsible for looking for issues throughout the building. He continued, stating that he checked water temps at a rate of one room per hall, per day. Further interview revealed that when the maintenance director checked water temps he did a quick audit of the room and note any needed repairs that need to be made. The maintenance director informed that he did not check side rails and relied on the floor staff to notify him of side rails that needed repair.</p> <p>During the walk around the maintenance director stated that he was currently working on repairing/replacing: ac units that had peeling or unsightly duct tape (rooms 415, 406, 306, 308, 313), wall scrapes (room 105), spackle behind the bed in room 410, nail holes in the walls of room 410 and scraped dressers in room 410. He voiced non recognition of: peeling paint around ceiling light in bathroom (room 209), loose towel bar (room 520), scraped paint and walls (rooms 520, 415, and 108) and broken floor tiles in front of the sink in room 114.</p> <p>He indicated that within the past "couple of weeks" he completed an audit of the facility and put together a list of needed repairs/replacements and provided it to the administrator. He stated</p>	F 253			

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F 253	Continued From page 3 that the list was prioritized and he has begun working on that list to complete the repairs/replacements.	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 from consuming foods not procured by the facility.  (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.  (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, staff interviews and record review the facility failed to clean cookware and kitchen equipment, appliances and floors.  The findings included:	F 371	All identified baking sheets washed to ensure cleaned appropriately.  All identified Utility Food Service carts washed.	5/3/17	

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F 371	<p>Continued From page 4</p> <p>On 04/03/17 at 10:16 AM an initial tour of the kitchen was made with the Assistant Food Service Director (AFSD).</p> <p>a. During the tour, observations were made of the kitchen revealing 15 baking sheets nested on a stainless rack with other baking and cooking pans. All of the baking sheets were observed to be greasy visible and to the touch. Four of the baking sheets nested on the top had a visible thick white greasy substance on the baking surface. The AFSD verified they were not clean at the time of the observation and removed all 15 and took them to the dishwasher stating they should not be put back on the shelves with any grease on them.</p> <p>A review of the job descriptions for daily cleaning duties for the cook helper indicated tasks included washing pots and pans, check pots and pan rack for moisture food particles and debris, cleanup work area for the next shift, and sweep and mop area.</p> <p>b. During the tour, observations were made of 4 plastic utility food service carts which revealed standing discolored water and brown colored particles on all the shelves. The AFSD verified they were not clean at the time of the observation.</p> <p>A review of the daily cleaning assignment sheet dated 03/27/17 through 04/02/17 indicated specific cleaning duties were designated daily for the day and evening shifts. The instructions on the sheet were: "to complete all daily cleaning tasks and sign off on the sheet after completed daily". Further review of the cleaning schedule dated 03/27/17 through 04/02/17 indicated all the utility and food transport carts were on the</p>	F 371	<p>Kitchen floor mopped and deep cleaned.</p> <p>6Burner/2Oven stove, deep fryer and double steam oven cleaned to remove grease, dust and debris.</p> <p>All Residents identified as having the potential to be affected.</p> <p>Audit completed by Food Service Director to ensure all areas and all kitchen equipment is addressed on cleaning schedule including cookware, kitchen equipment, appliances, and floors.</p> <p>Education provided by Food Service Director to Dietary Staff related to sanitation and specific cleaning tasks to ensure understanding of adequate cleaning including cookware, kitchen equipment, appliances, and floors.</p> <p>Kitchen Sanitation Monitoring Tool implemented and to be completed by Administrator 3 times weekly for 12 weeks. Kitchen Sanitation Monitoring Tool includes all Cookware, Kitchen Equipment, Appliances, and Floors to ensure adequate cleaning and ensure cleaning schedule is completed timely and appropriately. Kitchen Sanitation Monitoring Tool implemented into monthly Quality Assurance and Performance Improvement meeting to ensure compliance and evaluate effectiveness.</p>		

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F 371	<p>Continued From page 5</p> <p>cleaning schedule for Sunday Monday, Tuesday, Wednesday, Friday and Saturday. The task list revealed the cleaning was not signed off as completed on Saturday 04/01/17 or Sunday 04/02/17.</p> <p>c. During the tour, observations were made of the kitchen floor revealed there was dust, dirt debris, and brown grease build-up on the floors with visible mop lines in front of the shelves and appliances. The grease and debris was notably visible along the edges of all the walls and the stainless steel table preparation areas and covered approximately 2 feet under the stoves, under preparation tables, and along the sides of the walls and in the corners of the walls. The AFSD verified the floors were dirty as observed and described, and stated she was not sure when they were last mopped.</p> <p>Review of the weekly cleaning schedule did not specify sweeping and mopping the kitchen floor. A review of the job descriptions for daily cleaning duties listed for aide #1, aide #2, and aide #3 for both day and evening shifts indicated tasks to sweep and mop floors from back door to front door.</p> <p>d. During the tour, observations were made of the 6 burner/2 oven stove, deep fryer, and the double steam oven which were visibly streaked with grease, dust and debris on all the appliances on all sides, tops, fronts, and handles. All the handles were greasy and sticky to the touch. The AFSD verified they were not clean at the time of the observation.</p> <p>A review of the cleaning schedule dated 03/27/17 through 04/02/17 indicated the stove/oven/flat top</p>	F 371			

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F 371	<p>Continued From page 6</p> <p>including the backsplash were scheduled to be cleaned on Friday evening shift and Sunday day shift. The task list revealed the cleaning was not signed off as completed on Sunday 04/02/17. A review of the daily cleaning assignment sheet dated 03/27/17 through 04/02/17 indicated specific cleaning duties were designated for staff daily for the day and evening shifts. The instructions on the sheet were: "to complete all daily cleaning tasks and sign off on the sheet after completed daily". Further review of the cleaning schedule dated 03/27/17 through 04/02/17 indicated the convection oven and deep fryer were scheduled for cleaning once a week on Saturdays. The task list revealed the cleaning was not signed off as completed on Saturday 04/01/17.</p> <p>On 04/03/2017 at 10:36 AM the Assistant Food Service Director (AFSD) was present for the observations and the District Dietary Manager (DDM) was present as well for review of the concerns during the tour. The AFSD and the DDM verified the utility food carts, kitchen floors and the cooking appliances were all unclean. The AFSD and the DDM stated the kitchen should be kept clean of grease and debris daily and cleaned according to the cleaning schedule.</p> <p>A review of the "Administrator's Kitchen Rounds" check off sheets dated 03/16/22/17, 03/22/17, and 03/30/17 revealed no tasks listed specifically for review the cleaning of kitchen floors, utility and food carts, pot and pans, or cooking appliances.</p> <p>An interview was conducted on 04/06/2017 at 11:34 AM with the Food Service Director FSD and the DDM. The FSD explained that the job</p>	F 371			

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F 371	Continued From page 7 description duties lists were provided to all kitchen staff on orientation and reviewed during their in-services. She explained these duties were to be completed daily. She further explained they were not posted anywhere in the kitchen but the staff were provided copies. The FSD explained the daily Cleaning Assignment was posted in the kitchen and staff were to complete the daily tasks as listed and sign off on the sheet when they are completed. The FSD verified the cleaning of the stove and cooking appliances and the utility carts were not completed on Saturday and Sunday and were not signed off as completed. The FSD revealed she had the staff clean all the areas that were unclean during this week. The FSD stated it was her expectation for all tasks were to be completed and all areas of the kitchen including floors, utility and food carts, appliances and baking pots and pans should be kept clean.	F 371		