

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2019
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT WINSTON SALEM			STREET ADDRESS, CITY, STATE, ZIP CODE 4911 BRIAN CENTER LANE WINSTON-SALEM, NC 27106	
(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
E 000	Initial Comments	E 000		
F 761 SS=D	<p>An unannounced Recertification survey was conducted on 05/21/19 through 05/24/19. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #GM5I11.</p> <p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals 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.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) 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.</p> <p>§483.45(h)(2) 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 and staff interviews, the facility failed to secure bottles of Divalproex,</p>	F 761	<p>1)On 5/21/19 at the nursing station on 2nd floor, medication bottles were</p>	5/27/19

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

TITLE

(X6) DATE

Electronically Signed

06/14/2019

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 761	<p>Continued From page 1</p> <p>Sertraline, Potassium Chloride, and Verapamil for 1 of 1 nursing station reviewed for medication storage.</p> <p>Findings include:</p> <p>An observation on 5/21/19 at 11:43 AM of the nursing station revealed medication bottles for Resident #4 of Divalproex, Sertraline, Potassium Chloride, and Verapamil unsecured on the desk at the nursing station. This surveyor stayed at the nursing station until Nurse #2 was present, and when asked about Resident #4's medications being unsecured on the desk at the nursing station she stated that she did not know why they were. She put them in the medication cart and locked it.</p> <p>During an interview with Nurse #1 on 5/21/19 at 12:02 PM the nurse stated that she was using the bottle labels to call in for prescription refills and had been called away from the desk. The nurse stated she should not have left Resident #4's bottles of medication unattended at the nursing station and are supposed to be secured and locked in a medication cart or medication storage room.</p> <p>During an interview with the Administrator on 5/21/19 at 12:20 PM stated medications should be secured in the medication cart or medication storage room when unattended.</p>	F 761	<p>unsecured behind the nursing station. The surveyor stayed at the nursing station until the Nurse was present. Once notified the nurse immediately took the medication bottles and stored the medications in the locked medication cart.</p> <p>2)A complete inspection was done of all patient care areas to ensure no medications were out of there medication carts or at the nurses desk in reach of any resident.</p> <p>3)The director of nursing did an in-service with all nursing staff about the state and federal laws requiring that the facility must store all drugs and biologicals in locked compartments and ensure proper temperature controls, and permit only authorized personnel to have access to the medication and the medication cart keys.</p> <p>4) The Director of Nursing services will monitor the compliance of storage of drugs and biologicals by completing an audit daily times 14 days, then weekly times 4 weeks, then monthly times 3 months or until a pattern of compliance is maintained. Effective 5-27-2019 the Director of Nursing Services will report the findings of the audits to the Quality Assessment and Assurance Committee (QAA)for any additional monitoring or modification of this plan monthly for 3 months or until a pattern of sustainable compliance is maintained. Quality Assessment and Assurance Committee (QAA)can modify this plan to ensure the facility remains in</p>		

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

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F 761	Continued From page 2	F 761	substantial compliance.		
F 812 SS=F	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(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.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the food items stored in the snack/nourishment refrigerator in 1 of 1 residents' nourishment room on the unit was maintained with the proper temperature and food items were dated and labeled with residents' names and</p>	F 812	<p>5. Effective 5-27-2019 the Administrator and Director of Nursing Services are responsible to ensure implementation of this plan of correction for this alleged noncompliance and to ensure the facility remains in substantial compliance.</p> <p>F812-Food Procurement</p> <p>1)The undated ,non labeled food stored in the nutrition room on the second floor in the refrigerator was discarded 5/23/19.</p>	5/27/19	

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F 812	<p>Continued From page 3 room numbers.</p> <p>Findings included:</p> <p>During an observation of the residents' nourishment room on 5/23/19 at 12:15 p.m., the temperature reading of the thermometer in the refrigerator was 45 degrees Fahrenheit which was above the acceptable temperature of 41 degrees Fahrenheit. The refrigerator contained the following containers of food items which were not dated and labeled with the residents' names: 1-paper bag containing salad dressing and plastic eating utensils; 2-large plastic bags of cooked foods; 1-small hinged tray of tossed salad; and 1-resealed 20-ounce bottle of soda.</p> <p>The temperature reading of one of the two thermometers in the freezer was 41 degrees Fahrenheit and the other thermometer read 41 degrees Fahrenheit. Both thermometer readings in the freezer were above the proper temperature of 0 degrees Fahrenheit. The freezer consisted of the following food items that were not dated and labeled with residents' names: 1-small rice krispie treat; 2-unidentifiable 4-ounce plastic containers of yellow substances; and 1-20-ounce bottle of Gatorade. The freezer also contained 1-opened/split plastic bag containing five 4-ounce cartons of apple juice which had expired dates of 1/5/19, 2/7/19, 1/5/19, 2/7/19, and 12/5/18.</p> <p>During an interview on 5/24/19 at 3:40 p.m., the Dietary Manager revealed she checked the residents' nourishment room on the unit earlier that morning and removed items that were not dated and labeled with residents' names from the nourishment refrigerator/freezer. She indicated</p>	F 812	<p>2)A new thermometer was placed in the refrigerator in the nutrition room and the temperature readings were consistent at 38 degrees for a period of 72 hours, daily temperature monitoring will be ongoing by nursing and maintenance. On 5-24-2019 Dietary Staff and nursing staff were in Serviced on procedures for labeling and dating all foods to include residents foods that are stored in the refrigerator in the nourishment room.</p> <p>3)The Dietary manager and Director of nursing have created an audit tool To be complete on a daily and weekly schedule to ensure that stored,Opened foods are labeled and dated. The IDT team will be completing random Daily observation rounds to ensure staff are labeling and dating all items in the refrigerator using Proper infection control weekly.</p> <p>4)Dietary manager and Director of Nursing will compile a summery of monitoring efforts And present to the monthly QAPI committee for a period of 3 months, then Quarterly to ensure continued compliance.</p> <p>5.Administrator and Director of nursing are responsible for the completion and outcomes of this plan of correction.</p>		

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F 812	Continued From page 4 there was a sign posted on the refrigerator reading "for resident use only", but, facility employees continued to place their food items in the refrigerator.	F 812		