

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

PRINTED: 03/23/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345570</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/28/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>HUNTERSVILLE HEALTH &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13835 BOREN STREET HUNTERSVILLE, NC 28078</b>		
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E 000	Initial Comments  An unannounced Recertification survey was conducted on 2/25/2020 through 2/28/2020. The facility is in compliance with the requirements of CFR. 483.73, Emergency Preparedness. Event ID# K1ZS11.	E 000			
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)  §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.  §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.  §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to	F 732		3/27/20	

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

TITLE

(X6) DATE

Electronically Signed

03/20/2020

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 732	<p>Continued From page 1 exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to include the resident census information on the posted nurse staffing sheets for 26 of 26 days reviewed.</p> <p>Findings included:</p> <p>Review of the posted nurse staffing sheets from 2/1/2020 through 2/24/2020 revealed there was no documentation of the resident census information.</p> <p>An observation was completed on 2/25/2020 at 9:45 AM upon entry to the facility which revealed the posted nurse staffing sheet was dated for 2/25/2020 and contained no listed resident census information. A follow up observation was completed on 2/25/2020 at 3:21 PM of the posted nurse staffing sheet. No documentation of resident census information was observed.</p> <p>An additional observation was completed on 2/26/2020 at 8:26 AM and 2:27 PM of the posted nurse staffing sheet. The posted nurse staffing sheet reflected a date of 2/26/2020 inclusive of staffing information. No documentation of resident census information was observed.</p> <p>An interview on 2/27/2020 at 10:44 AM with the Scheduler revealed she completed the posted</p>	F 732	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>F732</p> <p>How corrective action will be accomplished for each resident found to have been affected by the deficient practice: No residents affected by deficient practice. Census was added to the sheet that was posted at the time of identification on 02/25/2020.</p> <p>How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: DON and Scheduler were educated by regional nurse</p>		

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F 732	<p>Continued From page 2</p> <p>nurse staffing sheets Monday through Friday, as well as, the weekends. The Scheduler was not certain who would be responsible for completing the census portion on the posted nurse staffing sheet, as she had not been completing this section.</p> <p>An interview was completed on 2/27/2020 at 10:55 AM with the Director of Nursing (DON). The DON verbalized her resident census was fluid with admissions and discharges throughout the day. She stated the staffing pattern did not change unless there were a drastic drop in total census. The DON communicated the scheduler should include the resident census information on the posted nurse staffing information sheet for staff, residents, and visitors to view.</p> <p>An interview was completed on 2/27/2020 at 2:29 PM with the Administrator who revealed the scheduler should get the census for each shift and update the posted nurse staffing throughout the day if there were changes.</p>	F 732	<p>consultant on posting nurse staffing to include the Census on the Daily Staffing Sheet, on 02/25/2020.</p> <p>Measures to be put in place or systemic changes made to ensure practice will not re-occur: DON/Scheduler education included putting licensed nurses on each shift on daily staffing sheet and putting the census on each shift and adjusting the census as needed to reflect the accurate census. The Scheduler will post the night before and update sheet daily by 0800 Monday through Friday and sheets completed on Friday for Saturday and Sunday and corrected on Monday to reflect actual numbers if changes are required. Administrator and/or DON will conduct audit of daily nurse staffing summary for completeness daily Monday - Friday and make changes based on call-outs and staffing adjustments, for 4 weeks then every other week for 4 weeks and monthly x4. The completed sheets will be filed in a binder tabbed January through December and filed in chronological order from newest to oldest. This binder is to be maintained in the Scheduler's office. Audits are to be filed in the survey book by the Administrator.</p> <p>How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: Results of the audits will be reviewed at monthly Quality Assurance meeting for a period of 4 months for compliance and revision if needed.</p> <p>Alleged Date of Compliance: March 27,</p>		

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F 732	Continued From page 3	F 732			
F 803 SS=E	<p>Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)</p> <p>§483.60(c) Menus and nutritional adequacy. Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observations of a lunch meal tray line, staff interviews, and review of menus, the facility failed to serve food portions as planned to residents who were to receive pureed, diced and bite-sized menus. This occurred for 4 of 4 residents observed during the lunch tray line</p>	F 803	<p>2020</p> <p>F803</p> <p>How corrective action will be accomplished for each resident found to have been affected by the deficient practice: Resident #54, #37, #132 and</p>	3/27/20	

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F 803	<p>Continued From page 4 (Residents #54, #37, #132 and #133).</p> <p>The findings included:</p> <p>The facility's planned pureed, diced and bite-sized menus for the lunch meal on 02/26/20 included the following foods and portions:</p> <ul style="list-style-type: none"> <li>· Rice, 4 ounces</li> <li>· Diced carrots, 4 ounces</li> <li>· Pureed rice, 4 ounces</li> <li>· Bite-sized turkey, 3 ounces</li> <li>· Diced turkey, 3 ounces</li> </ul> <p>A continuous observation of the lunch meal tray line on the 200 unit occurred on 02/26/20 from 11:59 AM until 1:00 PM. During this observation Dietary Aide #1 (DA #1) was observed to use the following utensils, which were not the portions per the planned menu, to plate foods for pureed, diced, and bite-sized menus:</p> <ul style="list-style-type: none"> <li>· Rice, white handled scoop, 3 ¾ ounces instead of 4 ounces</li> <li>· Diced carrots, blue handled scoop, 2 ounces instead of 4 ounces</li> <li>· Pureed rice, green handled scoop, 2.3 ounces instead of 4 ounces</li> <li>· Bite-sized turkey, blue handled scoop, 2 ounces instead of 3 ounces</li> <li>· Diced turkey, yellow handled scoop, 1 5/8 ounces instead of 3 ounces</li> </ul> <p>A utensil guide was posted on the refrigerator and recorded the portion sizes according to the color of the handle for each scoop utensil.</p> <p>An interview with DA #1 occurred on 02/26/20 at 12:24 PM. DA #1 stated that it was her second week serving independently since she was trained on the tray line. DA #1 stated she did not</p>	F 803	<p>#133 were followed with and asked if they would like additional portions or a different menu item. 02/25/2020.</p> <p>How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: All dining services employees were in-serviced on 02/25/2020 regarding following menu foods and portions and looking at Scoop Number and not relying solely on color to ensure appropriate scoop size is being used and incorrect portioning utensils should be reported to dietary manager or designee prior to beginning serving to ensure patients received prescribed portions. All remaining patients were interviewed to ensure that they did not want additional menu items to feel satiated.</p> <p>Measures to be put in place or systemic changes made to ensure practice will not re-occur: The Corporate Dietitian or Diet Tech will complete an audit of scoop sizes in each service kitchen weekly x 4 weeks, each service kitchen twice-monthly x 8 weeks, and each service kitchen for one month to ensure compliance with corrective actions and sanitation standards. All new hires will receive in-service education on proper procedure for discarding expired food items, labeling and dating items and properly storing food items. All new employees will be educated on hire of the proper use of scoop sizes and following menu guidelines. Any deficient practice</p>		

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F 803	<p>Continued From page 5</p> <p>reference the utensil guide that was posted, but was trained to use smaller serving utensils when plating foods for puree, diced, bite-sized and minced diets. DA #1 confirmed she used the wrong sized utensils and did not serve portions of foods for pureed, diced and bite-sized menus as planned.</p> <p>An interview with the Registered Dietitian and review of the 02/26/20 therapeutic lunch menu spreadsheet occurred on 02/26/20 at 12:20 PM. The interview verified residents with diet orders for puree, diced, and bite-sized foods should receive food portions according to the menu.</p> <p>An interview with the Dietetic Technician (DT) occurred on 02/26/20 at 12:34 PM. The DT stated that she trained DA #1 to plate 2 servings of vegetables and meats for residents with diet orders for puree, diced, and bite-sized foods when using 2 ounces, 2.3 ounces, and 1 5/8 ounces scoop utensils to ensure these residents received the correct portions. The DT also stated that dietary managers rounded during meals daily and observed the tray line to identify any concerns, but that she had not noted any concerns with portions when rounding. DT stated she was not sure how many residents had the potential to receive the wrong portions, but provided the surveyor with a list of residents and their diets for the 200 unit for review.</p> <p>The facility's 200 hall diet listing specified; Resident #54 was to receive pureed foods, Resident #37 was to receive bite-sized and diced foods, Resident #132 was to receive pureed foods and Resident #133 was to receive bite-sized and diced foods.</p>	F 803	<p>identified through the sanitation inspections will result in reeducation or disciplinary action as indicated. How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: The administrator will be responsible to ensure that the plan of correction is implemented. Audited findings will be reviewed at the Quality Assurance Performance Improvement Committee Monthly x4 for review and revision as needed.</p> <p>Alleged Date of Compliance: March 27, 2020</p>		

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F 803	Continued From page 6 The Administrator stated in an interview on 02/28/20 at 3:01 PM that new dietary employees should be properly trained and that the training process should reiterate serving correct portion sizes.	F 803			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §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.  §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 observations and staff interviews, the facility failed to monitor produce (medium sized red tomatoes) with signs of spoilage in 1 of 1 walk-in refrigerators and failed to label and date 1 bag of vegetables (mini corn on the cob) in 1 of 1 walk-in freezers.  Findings included:	F 812	F812  How corrective action will be accomplished for each resident found to have been affected by the deficient practice: Upon observation the tomatoes stored improperly were immediately discarded, the undated corn on the cob was discarded on 02/25/2020. All food	3/27/20	

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F 812	<p>Continued From page 7</p> <p>An initial tour of the kitchen was completed on 2/25/2020 at 10:00 AM with the Food Service Manager (FSM). The initial tour revealed the following problems:</p> <p>An observation of the walk-in refrigerator revealed 5 out of 20 medium sized red tomatoes observed with signs of spoilage (white/ bluish fuzzy matter, dark red mushy spots).</p> <p>An observation of the walk-in-freezer revealed 1 blue see through bag observed with approximately 15 mini ears of corn on the cob not labeled or dated.</p> <p>An interview was completed on 2/25/2020 at 10:25 AM with the Food Service Manager (FSM). He revealed he checked the walk-in refrigerator and walk-in freezer every 2 to 3 days for signs of spoilage, proper labeling and dating, and to complete his food order. The FSM stated he last checked the walk-in refrigerator on 2/24/2020 and did not see any signs of spoilage with the tomatoes. He further expressed the facility had corn on the cob on 2/24/2020 at lunch or dinner and the cook forgot to properly label the bag of corn on the cob when it was stored in the freezer. The FSM verbalized he had not completed his walk through of the refrigerator or freezer this morning. He communicated the items would be discarded. He also indicated he would be performing more frequent checks of the walk-in refrigerator and freezer for signs of spoilage and proper labeling and dating of food items.</p> <p>An interview was completed on 2/28/2020 at 11:02 AM with the Dietetic Technician. She explained the process should have been for the cook to properly label and date the corn on the</p>	F 812	<p>items in dry and cold storage were evaluated and ensured to be properly labeled/dated and stored.</p> <p>How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice: All dining services employees were in-serviced regarding proper procedure for discarding expired food items, labeling and dating items and properly storing food items on 02/25/2020.</p> <p>Measures to be put in place or systemic changes made to ensure practice will not re-occur: A task list was developed for each position in the kitchen of areas that they are responsible to monitor for proper storage, labeling and dating. The Corporate Dietitian or Diet Tech will complete a sanitation inspection weekly x 4 weeks, twice-monthly x 4 weeks, and at least monthly thereafter to ensure compliance with corrective actions and sanitation standards. All new hires will receive in-service education on proper procedure for discarding expired food items, labeling and dating items and properly storing food items. All new employees will be educated storage requirements during orientation. Any deficient practice identified through the sanitation inspections will result in reeducation or disciplinary action as indicated.</p> <p>How facility will monitor corrective action(s) to ensure deficient practice will not re-occur: The administrator will be responsible to ensure that the plan of</p>		



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F 812	Continued From page 8 cob after use on Monday night (2/24/2020). She further explained leftover food items were good for 7 days after initial use. She verbalized tomatoes were used daily for salads and should be checked daily for signs of spoilage. These items should have been caught during the morning and evening rounds completed by the FSM. The FSM was new and would continue to be mentored to ensure things like this were checked on a daily basis.	F 812	correction is implemented. Audited findings will be reviewed at the Quality Assurance Performance Improvement Committee Monthly indefinitely for review and revision as needed.  Alleged Date of Compliance: March 27, 2020		