

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

PRINTED: 12/02/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345525	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER THE GARDENS OF TAYLOR GLEN RET COM			STREET ADDRESS, CITY, STATE, ZIP CODE 3700 TAYLOR GLEN LANE CONCORD, NC 28027		
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E 000	Initial Comments	E 000			
F 000	An unannounced recertification survey was conducted on 11/5/24 through 11/7//24. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #BQU511.	F 000			
F 812 SS=E	INITIAL COMMENTS A recertification survey was conducted from 11/5/24 through 11/7/24. Event ID #BQU511. 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 label and date leftover food items stored for use and failed to discard a dented can stored for use. These practices occurred in 1 of 1	F 812	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in	12/1/24	

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

TITLE

(X6) DATE

Electronically Signed

11/27/2024

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 812	<p>Continued From page 1</p> <p>walk-in cooler and 1 of 1 dry goods storage area and had the potential to affect food served to the residents who resided in the facility.</p> <p>The findings included:</p> <p>An initial tour of the kitchen occurred on 11/5/24 at 9:54 AM. The following concerns were identified:</p> <p>a. Items in the walk-in cooler that were labeled with a preparation date, but no use-by date included: -a resealable container of sliced red onion dated 11/1/24. -a resealable container of scallions dated 11/1/24. -a bag of shredded carrots, opened and resealed with plastic wrap dated 11/1/24. -a bag of cheddar cheese cubes, opened and resealed with plastic wrap dated 11/1/24. -a bag of shredded white cheddar cheese, opened and resealed with plastic wrap dated 11/1/24.</p> <p>b. An unopened bag of chopped cabbage dated 10/25/24 was observed in the walk-in cooler with a manufacturer's use-by date 10/29/24.</p> <p>c. A 6-pound, 12 ounce can of sweetened applesauce dented on the bottom seal was observed in the dry goods storage area ready for use.</p> <p>An interview with the Executive Chef on 11/5/24 at 11:39 AM was conducted. The Dietary Manager was out on vacation. He stated the facility used a three-day system for food storage. The Executive Chef indicated the date on the label was a preparation date and the staff needed</p>	F 812	<p>compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F 812 FOOD PROCUREMENT, STORE/PREPARE/SERVE-SANITARY</p> <p>Corrective Action: Executive Chef performed kitchen refrigerator and freezer check to ensure all opened items were dated and labeled with both the opened date and use by date, any items not labeled appropriately were discarded 11/5/24. Executive Chef performed dry good storage check to ensure no dented cans or damaged items are in the stock rotation. Identification of other residents who may be involved with this practice: All current residents have the potential to be affected by the alleged practice. On 11/5/24 the Executive Chef swiped all refrigerators and freezers for opened items with inappropriate labeling. Executive Chef performed a sweep of dry goods storage areas and removed any dented cans or damaged packaging. Executive Chef educated dietary staff on the process for labeling and storing food. Executive chef made emphasis to use provided sticker labels and fill out to the entirety, to include the opened date and use by date. Executive chef educated dietary manager and dietary staff regarding the removal of any dented cans</p>		

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F 812	Continued From page 2 to fill out the entire label, to include the use-by date on opened and prepared items. He stated cans with a dent on the edge or seal should not be used. An interview with the Administrator on 11/6/24 at 3:50 PM revealed he expected staff to follow the policy and procedures for labeling food items and proper storage for canned goods. He added the Dietary Manager typically checked the dates for stored food and stated when she was not working, the staff needed to follow the policies and procedures.	F 812	or damaged packaged items. 11/5/24 All new hired dietary staff to include dietary aides will be given training during the new hire orientation as well and during new hire training. Systemic Changes: On 11/5/24 the Executive Chef began in-servicing the dietary department (Full time, Part time and PRN) that the facility must <input type="checkbox"/> 1) Utilize the food storage labels and fill out both opened and use by date 2) Remove any cans that are dented as well as any items that have damaged packaging 3) Maintain a 3 day use by system for any opened items Monitoring: To ensure compliance, The Dietary Manager designee will complete a new audit tool to include inspection of refrigerator/freezer spaces for proper dating and labeling. 2 x per week for 2 weeks then weekly for 2 weeks, then monthly for 1 month. The Dietary Manager or designee will complete a new audit tool to include inspection of dry good storage with emphasis on no dented cans or damaged items in stock rotation. 2 x per week for 2 weeks then weekly for 2 weeks, then monthly for 1 month. All results will be reviewed during monthly qapi to ensure compliance. Date of Compliance: 12/1/24		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		12/5/24	

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F 880	<p>Continued From page 3</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation,</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and staff interviews, the facility failed to implement infection control policies and procedures when the Nurse did not don a gown to provide wound care for a resident on enhanced barrier precautions (EBP). In addition, Nurse #1 failed to follow the facility's policy and procedure for clean dressings which included changing gloves and performing hand hygiene after removing the old dressing. The deficient practice occurred for 1 of 3 staff observed for infection control practices.</p>	F 880	<p>The submission of the following allegation of compliance does not constitute an admission or agreement by the provider as to whether there were alleged deficient practices relative to permitting residents to return to the facility.</p> <p>1. Corrective Action: All staff to follow proper policy while performing wound care. All staff with chance of utilizing Enhanced</p>		

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F 880	<p>Continued From page 5</p> <p>The findings included:</p> <p>Review of the facility's policy for Enhanced Barrier Precautions (EBP) dated 04/01/2024 revealed the EBP will be implemented for the prevention of transmission of multidrug-resistant organisms. EBP employs gown and glove use during high resident care activities such as: Dressing Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, changing briefs or assisting with toileting, Device Care or use: central line, urinary catheter, feeding tube and tracheostomy, Wound Care: any skin opening requiring a dressing.</p> <p>Review of the facility's policy and procedure on clean dressings last revised in March 2022 revealed the following procedure:</p> <ul style="list-style-type: none"> - Use disposable cloth (paper towel is adequate) to establish a clean field on residents' overbed table. Place all items to be used during the procedure on the clean field. - Wash and dry your hands thoroughly. - Position resident. Place disposable cloth next to the resident (under the wound) to serve as a barrier to protect the bed linen. - Put on gloves. Loosen tape and remove dressing. - Pull glove over dressing and discard into appropriate receptacle. Wash and dry your hands thoroughly. - Put on new gloves. 	F 880	<p>Barrier Precautions and wound care policy to be educated.</p> <p>Director of Nursing or Designee to audit regarding Enhanced Barrier Precautions and Wound Care.</p> <p>Nurse #1 was immediately educated regarding wound care policy and Enhanced Barrier Precautions to eliminate chance of deficiency recurring.</p> <p>2. Identification of other residents who could be affected:</p> <p>All residents on enhanced barrier precautions and residents requiring wound care have the potential to be affected. On 11/8/24 Director of Nursing and designee started education regarding wound care and enhanced barrier policy.</p> <p>3. Systemic Change: On 11/08/2024 the Director of nursing or designee began in-servicing staff with potential to provide wound care and utilize enhanced barrier precautions(Full time, Part time and PRN) on Wound Care Policy and Enhanced Barrier Precautions protective equipment. This includes Licenced Nurses (LPN and RN), certified nursing assistants, medication aides, medication techs.</p> <p>This in service was completed by 11/29/2024. Any staff member (full time, part time, and PRN) and members of the interdisciplinary team who did not receive in-service training will not be allowed to work until training is completed. Training will be provided to new hires that meet the above criteria during the onboarding orientation process as well as</p>		

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F 880	<p>Continued From page 6</p> <ul style="list-style-type: none"> - Pour liquid solutions directly onto gauze sponges on their papers. - Wear gloves while holding gauze to catch irrigation solutions that are poured directly over the wound. - Apply treatments as indicated. - Dress wound. - Discard disposable items into the designated container. Discard all soiled laundry, linen, towels and washcloths into the soiled laundry container. Remove disposable gloves and discard them into designated containers. Wash and dry your hands thoroughly. <p>Review of the facility's policy and procedure on handwashing last revised in August 2022 revealed the following procedure:</p> <ul style="list-style-type: none"> - Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap and water for the following situations: - Before and after coming on duty. - Before and after direct contact with the residents - Before performing any non-surgical invasive procedures - Before handling clean or soiled dressing, gauze pads, etc. - After handling used dressing, contaminated equipment, etc. 	F 880	<p>during the new hire training process.</p> <p>4. Monitoring: To ensure compliance, The Director of Nursing or designee will observe random audits on wound care and personal protective equipment compliance. This will be done 4 times weekly for 2 weeks, 2 times weekly for 2 weeks. Any discrepancies will result in an extension of audits for 1 week until no discrepancies noted. Results will be taken to QAPI if team decides audit needs to be extended we will do so at that time. Review will be held by the Quality Assurance Process to verify that change has been sustained.</p> <p>Completion date: 12/05/2024</p>		

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F 880	<p>Continued From page 7</p> <p>On 11/06/24 at 12:04 PM an observation was made of Nurse #1 entering Resident #3's room to provide wound care. Resident #3 was under EBP for a wound located on his left heel. The EBP signage located on Resident #3's door instructed staff to wear a gown and gloves during high contact resident care activities such as wound care for chronic wounds. Gowns were available directly outside of the resident's door in the hall in a three-compartment container. She was observed entering the resident's room, performing hand hygiene and applying gloves. Nurse #1 had Resident #3's wound care supplies in a container placed on the resident's bedside dresser. Resident #3 was observed sitting in a recliner chair and he placed the footrest up so his heels were in the air. Nurse #1 removed the old dressing and discarded the dressing in the trash can. The Nurse was observed using the same gloves to cleanse the wound with normal saline, paint the wound with betadine and apply calcium alginate (used in wound care to absorb drainage and promote wound healing). Nurse #1 was then observed wrapping Resident #3's heel with gauze. Nurse #1 then removed the gloves and discarded them into the trash can. She gathered the supplies and returned to the medication cart where she sanitized her hands.</p> <p>An interview on 11/06/24 at 12:15 PM with Nurse #1 revealed the facility did not have a wound nurse, it was up to the nurses working on the hall to complete and provide wound care. She stated she worked 4 days a week and every other weekend, so she changed Resident #3's dressing frequently. Nurse #1 was asked if Resident #3 was under any kind of precautions and replied yes, Enhanced Barrier Precautions which meant she needed to wear a gown and gloves before</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>entering the resident's room. Nurse #1 stated she would typically wear a gown while providing wound care however it had just slipped her mind to put it on. She stated she would normally put on a gown while providing any wound care in the building. Nurse #1 stated she had also forgotten to wash her hands and change gloves in between removing the soiled dressing and applying new treatment to the wound and, after removing her gloves in the room. She stated she had just become nervous during the encounter and had forgotten. She stated she knew the policy and knew the process of wound care.</p> <p>An interview on 11/06/24 at 12:43 PM with the Director of Nursing (DON), who was also the Infection Preventionist (IP), revealed it was her expectation for the Nurse to follow infection control guidelines and wound care guidelines while providing wound care. She stated they were auditing staff to ensure they were following infection control guidelines and procedures and said she would be adding the Nurse and wound care to the auditing tool. She stated Nurse #1 should have worn a gown during the wound care for Resident #3.</p> <p>An interview on 11/06/24 at 12:50 PM with the Administrator revealed Nurse #1 should have followed the infection control policy and guidelines regarding wound care and Enhanced Barrier Precautions.</p>	F 880			