

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

PRINTED: 04/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2013
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NAME OF PROVIDER OR SUPPLIER WILLOWBROOKE COURT SC CTR AT P	STREET ADDRESS, CITY, STATE, ZIP CODE 701 PLANTATION ESTATES DR MATTHEWS, NC 28105
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F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record reviews that facility failed to utilize a gait belt when ambulating 1 of 3 of three sampled residents that were reviewed for falls. (Resident #44)</p> <p>The findings included:</p> <p>Resident #44 was admitted to the facility on 02/27/13 with diagnoses that included; Neuropathy and Dementia.</p> <p>Review of the resident's fall risk evaluation completed on 02/27/13 identified the resident as being at high risk for falls. This assessment specified that the resident was chair bound and not able to perform a gait/balance function test.</p> <p>A Nurse's Note dated 02/27/13 specified Resident #44 was toileted with two person assist with gait belt and required two person assistance with transfers.</p> <p>Review of Resident #44's Minimum Data Set (MDS) of 03/06/13 revealed he was assessed as</p>	F 323	<p>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the providers of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared solely as matter of compliance with federal and state law."</p> <p>F 323</p> <p>Resident #44 responsible party and physician notified of fall. Physician orders received and implemented. Appropriate documentation completed and care plan updated. Contract physical therapist re-educated on use of gait belt.</p> <p>Current residents charts reviewed to Ensure that residents that require Assistance with mobility and or Transfers have a gait belt as part of their plan of care.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Katherine Spegal

Administrator

5-13-13

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.

ORIGINAL SIGNATURE DATE: 5-2-13



by:
SKH

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F 323	<p>Continued From page 1</p> <p>requiring extensive dependence for transfers and had experienced a fall without injury since admission.</p> <p>The resident's care plan, developed on 03/13/13, specified that he required extensive assistance with mobility and transfers and had a history of falls. The care plan's goal specified; "I will have not falls with injury".</p> <p>Review of the resident's medical record revealed that since his admission to the facility he experienced falls, which did not involve injury, on the following dates; 03/06/13, 03/08/13, 03/19/13 and 04/02/13.</p> <p>Further review of the resident's medical record revealed a Nurse's note dated 04/09/13 which specified that while being ambulated by staff he lost his balance and fell to his knees. The note further specified that the resident sustained skin tears to both of his shins as a result of this fall.</p> <p>Observations of Resident #44 on 04/10/13 at 10:45 AM revealed that staff were assisting him to transfer and the resident appeared unsteady and required assistance to obtain his balance.</p> <p>On 04/10/13 at 11:50 AM an interview was conducted with Nurse #1. Nurse #1 stated that Resident #44 did experience confusion and required staff assistance with transfers and ambulation. Nurse #1 specified that Resident #44 had experienced five (5) falls since being admitted on 02/27/13 and the measures implemented by staff to prevent him from falling included; use a rolling walker, use of a gait belt, use of personal alarms, conducting hourly staff</p>	F 323	<p>Full time, Part time, PRN nursing and contract therapy staff were re educated on using a gait belt with residents as indicated by their plan of care.</p> <p>DON/Designee will conduct QA monitoring of the above stated standard weekly x12 weeks, then monthly x 6 months of all residents.</p> <p>DON/Designee will report results of QA monitoring to QA committee quarterly for further compliance and/or revision.</p>	5-8-13	

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F 323	<p>Continued From page 2</p> <p>checks and positioning his bed lower to the ground. Nurse #1 stated the only fall experienced by Resident #44 which resulted in injury occurred on 04/09/13 when he fell while being ambulated by staff and experienced abrasions to both of his shins.</p> <p>Interview with Nursing Assistance (NA) #1 on 04/10/13 at 2:20 PM revealed Resident #44 required assistance with care and had experienced falls since his admission to the facility. NA #1 specified that the resident could ambulate with assistance with the use of a rolling walker and gait belt.</p> <p>On 04/10/13 at 2:40 PM an interview was conducted with the facility's Director of Nurses (DON). The DON confirmed that since Resident #44's admission to the facility he had experienced a total of five (5) falls. The DON stated that the facility had investigated the four (4) falls which occurred on 03/06/13, 03/08/13, 03/19/13 and 04/02/13, but had not concluded the investigation of the resident's 04/09/13 fall which resulted in injury. The DON specified that during the 04/09/13 fall Resident #44 fell to his knees while being ambulated by Physical Therapy (PT) and received 2 skin tears. The DON was unsure of the specific circumstances of this fall but would have expected staff to use a gait belt to ambulate Resident #44 and to ambulate him in an area with minimal distractions.</p> <p>On 04/10/13 at 3:10 PM an interview was conducted with PT #1, who ambulated Resident #44, when he fell on 04/09/13. PT #1 stated that while ambulating Resident #44 he lunged toward another resident and fell to his knees. PT #1</p>	F 323			

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F 323	Continued From page 3 stated as a result of this fall the resident experienced skin tears to both of his shins. PT #1 stated that when the fall occurred Resident #44 was using a rolling walker but did not have a gait belt in place. PT #1 confirmed that due to the resident's risk of falling she should have placed a gait belt on him and ambulated him in a quieter area.	F 323	No residents were named in this deficiency.		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to store foods properly, keep food preparation and service equipment clean, maintain the dish machine's final rinse cycle at a minimum temperature of 180 degrees Fahrenheit and serve cold potentially hazardous foods at temperatures of 41 degrees Fahrenheit or below. The findings included: 1. Observations in the facility's kitchen on 04/08/13 from 11:00 AM to 11:30 AM revealed the following problems with foods stored in refrigerator and freezer units:	F 371	No residents experienced negative outcome. The identified undated and expired food items were discarded. An audit of additional food items was completed to ensure compliance. All culinary staff will be re educated on proper policy and procedure on food storage and labeling/dating. A revised closing sheet has been implemented for am and pm shifts to monitor compliance. Weekly audits of food storage and labeling will be conducted by the Culinary Director/Designee. Any corrective action will be taken and recorded. Weekly audits will be conducted by the Culinary Director/ Designee for four weeks, then monthly for eleven months.		

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F 371	Continued From page 4 a. Observations of previously opened foods and beverages stored in kitchen refrigeration units revealed staff failed to date items when they were opened and to discard foods with expired expiration dates. The observed undated items included the following; one quart container of heavy cream, one large container of potato salad, a two (2) pound carton of liquid eggs, a container of french dressing, a pan of blue cheese dressing, one forty six (46) ounce container of grape drink concentrate and one forty six (46) ounce container of fruit punch concentrate. Further observations of foods in refrigeration storage revealed three (3) five pound containers of cottage cheese that had expired expiration dates of 04/06/13. Interview with the Assistant Dietary Manager on 04/08/13 at 11:15 AM revealed staff is responsible for checking foods in refrigeration storage every day to ensure that all opened items are dated and there are no foods with expired expiration dates. b. Observations of foods stored in the kitchen's walk-in freezer revealed the following foods were not completely closed when stored; a fifteen (15) pound box of catfish, a fifteen (15) pound box trout, a seventeen (17) pound box of dough, a fifteen (15) pound box of pastry dough and a twenty nine (29) pound box of dough. Interview with the Assistant Dietary Manager on 04/08/13 at 11:25 AM revealed dietary staff should make sure that all foods are completely closed prior to placing them into freezer storage.	F 371	Unclean food equipment was taken out of service. All equipment was evaluated for compliance. Sanitation staff was re-educated on policy and procedures on ware washing, proper storage of clean items, and air drying. AM sanitation supervisor will monitor compliance and verify closing duties are completed per policy. Weekly audits of sanitation procedures on ware washing, proper storage of clean items, and air drying will be conducted by the Culinary Director/ Designee to ensure compliance. Weekly audits will be conducted by the Culinary Director/ Designee for four weeks, then monthly for eleven months. All carts were evaluated and cleaned as necessary. Hand sink was cleaned during survey.		

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F 371	<p>Continued From page 5</p> <p>2. Observations of the facility's kitchen on 04/09/13 from 2:00 PM to 3:20 PM revealed the following food preparation equipment, food service equipment and kitchen areas were unclean:</p> <p>a. Observations of the kitchen's three compartment sink area revealed food preparation pans, that had been cleaned, were stacked on top of each other. Observations of ten of these stored pans revealed the interior of all of these pans were wet with accumulated water. In addition three of these pan were observed to be unclean with food debris on them.</p> <p>Interview with the Dietary Manager (DM) on 04/09/13 at 2:40 PM revealed food preparation pans should be clean when stored for use. The DM further explained that staff should not stack pans on top of each other in order to allow them to air dry completely.</p> <p>b. Observations of the interior of five (5) of five (5) meal delivery carts, that were checked for cleanliness revealed the inside of each of these carts were unclean with dried splatters and debris. Each of these carts were ready for use and contained meal trays that were set up for the evening meal.</p> <p>Interview with the Dietary Manager (DM) on 04/09/13 at 2:45 PM confirmed the meal delivery carts were not clean and that the carts should cleaned and sanitized by staff after each meal.</p> <p>c. The following food preparation and service equipment, that was ready for use, was observed to be unclean with dried substances and/or loose</p>	F 371	<p>Medical line servers were re educated on clean as you go policy for cleaning of tray carts. Culinary production staff was re educated on cleaning policy for food preparation, food equipment, and hand sink. AM and PM closing and weekly cleaning reports were revised to monitor compliance. Nutritional Services Manager/Designee will monitor compliance after each meal period. Culinary director/ Designee will conduct weekly audits on cleaning policy, food preparation, food equipment, and hand sink to ensure compliance. Weekly audits will be conducted by the Culinary Director/ Designee for four weeks, then monthly for eleven months.</p> <p>Dishes have been sanitized per compliance. The representative for dish machine was called onsite to evaluate and correct any noted malfunction.</p> <p>Sanitation staff was re educated on policy and procedure for recording dish machine temperatures.</p>	
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F 371	<p>Continued From page 6</p> <p>debris: two convection ovens, the cutting blade of a large food processor, a large mixer, a grill unit and four (4) of ten (10) dishes that were checked for cleanliness. Also, a drawer with food preparation equipment stored inside, including a can opener, scoops and a pastry cutter, was unclean with dried substances and loose food debris.</p> <p>Interview with the Dietary Manager (DM) on 04/09/13 at 3:15 PM revealed food preparation and service equipment should be kept clean by staff following the department's cleaning schedules and by cleaning equipment more frequently when needed.</p> <p>d. A kitchen hand washing area, including the area's soap dispenser, towel dispenser and sink was observed to be unclean.</p> <p>Interview with the facility's Dietary Manager (DM) on 04/09/13 at 3:15 PM revealed that staff was responsible for cleaning each of the kitchen's handwashing stations at least once a day.</p> <p>3. Observations of the kitchen's dish machine area on 04/09/13 at 2:20 PM revealed dietary staff was actively washing dishes in dish machine and storing these dishes for use. Monitoring of the dish machine revealed that on three consecutive occasions the machine did not reach its minimum required final rinse cycle temperature of 180 degrees Fahrenheit to effectively sanitize the dishes and dishware being washed in the machine. During these observations the machine's final rinse cycle was observed to only reach temperatures of 168 degrees F., 170 degrees F., and 174 degrees F.</p>	F 371			

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F 371	<p>Continued From page 7</p> <p>Although, the machine was not reaching its minimum final rinse temperature of 180 degrees F. staff was observed to store the dishes and utensils that were washed in the machine for use.</p> <p>Review of dish machine's temperature log revealed that staff did not monitor or document the dish machine's final rinse temperature during the lunch meal of 04/09/13.</p> <p>Interview with the facility Dietary Manager (DM) 04/09/13 at 2:30 PM confirmed that the the kitchen's dish machine final rinse cycle needed to reach a minimum temperature of 180 degrees F. to effectively sanitize equipment being washed in the machine. The DM specified that staff should monitor the machine's final rinse temperature during each meal service, but staff failed check the machine's temperatures during the lunch meal of 04/09/13.</p> <p>Further interview with the DM on 04/10/13 at 12:20 PM revealed that on 04/09/13 the facility's maintenance staff increased the temperature of the dish machine's booster water heater and the machine was able to reach a minimum temperature of 180 degrees Fahrenheit during the final rinse cycle on a consistent basis.</p> <p>5. Observations of the kitchen's tray line meal service on 04/10/13 12:05 PM revealed the following cold potentially hazardous foods were being served at temperatures above 41 degrees Fahrenheit:</p> <p>Pimento cheese sandwiches 63 degrees F. Cottage cheese 46 degrees F.</p>	F 371	<p>Culinary Director/Designee will monitor through weekly audits the dish machine functioning and procedure for recording dish machine temperatures.</p> <p>Weekly audits will be conducted by the Culinary Director/ Designee for four weeks, then monthly for eleven months.</p> <p>Identified food items were removed from tray line.</p> <p>Proper temperatures were confirmed for remaining food items prior to serving.</p> <p>Medical tray line staff were re educated on policy and procedure for monitoring proper food temperatures prior to service. Nutritional Services Manager/Designee will monitor compliance daily.</p> <p>Culinary Director/Designee will complete weekly audits on food temperatures to ensure compliance.</p> <p>Weekly audits will be conducted by the Culinary Director/ Designee for four weeks, then monthly for eleven months.</p>		

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F 371	Continued From page 8 Interview with the Dietary Manager (DM) on 04/10/13 at 12:15 PM confirmed potentially cold foods, including pimento cheese and cottage cheese, should be maintained at temperatures of 41 degrees or below when served from tray line.	F 371	Culinary Director /Designee will report results of QA monitoring/audits to QA committee quarterly for further compliance and/or revision.	5-8-13	