DEPARTMENT OF HEALTH AND HUMAN SERVICES

JUN 2 8 2012 (

PRINTED: 06/13/2012 **FORM APPROVED**

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			V (V	OMB NO	. 0938-0391	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONST A. BUILDING			(X3) DATE SUR COMPLETE		
		345095	B. WIN			į	C /31/2012	
NAME OF PR	OVIDER OR SUPPLIER		· · · · · · · · · · · · · · · · · · ·	STR	REET ADDRESS, CITY, STATE, ZIP CODE	30,0		
ниен сн	ATHAM MEMORIAL NUR	SING		ł	00 JOHNSON RIDGE RD ELKIN, NC 28621			
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.O BE	(X6) COMPLETION DATE	
F 000	INITIAL COMMENTS		, F	000				
F 371	complaint investigation Event ID# OD2H11. 483.35(I) FOOD PRO		F	371	F 371 • All frozen foods have been propackaged, labeled and dated. Any food that was not stored propagation.	- ·	06/01/1 05/31/1	
SS≃E	STORE/PREPARE/S The facility must - (1) Procure food from considered salisfactors				disposed. • All dietary staff was in-serviced storage and labeling of all food Attachment #1 & #2).	(See	06/08/1	
	authorities; and (2) Store, prepare, dis				A new dietary inspection tool wand implemented to ensure region compliance. (See Attachment of A daily inspection of the walk-be completed with the new inspensure regulatory compliance by supervisor or designee. This was monitored by the CDM for the	ulatory #3). in freezer wi pection tool to y the kitche ill be first 30 days	o 06/04/1	
	by: Based on observation staff and record review seal the container and frozen foods. The fac	is not met as evidenced as, interviews the facility ws the facility failed to label, date (use by date) opened illity failed to label and date			daily. Thereafter, this inspectic completed weekly by kitchen s designee and reviewed weekly designee. The CDM will repo the PI Committee any findings review. Next PI Committee Jul	upervisor or by CDM or rt monthly to for their		
	The facility failed to se temperature that was The facility nested we	and sugar when opened. erve chicken salad at a held at 41 degrees or lower. t pots, and pans. This was rvations in the kitchen.			The flour and sugar bins were exproperly cleaned, labeled and designee will ensure that flour are cleaned and replenished will every 30 days with proper labe	lated. CDM and sugar bir th new produ	is .	
	The facility has a police 8/2009 titled "Food Sa Dating Guide-US {Uni	cy and procedure revised afety Product Labeling & ted States)			expiration dates. • All dietary staff was in-serviced storage and labeling. (See Atta #2).	chments #18	06/08/1 E	
		en tour on 5/29/12 at 11:30 were stored in a manner ng:			A new dietary inspection tool vand implemented to ensure regions compliance of storage. (See An example of storage)	ulatory).	
ABORATORY I	DIRECTOR'S OR PROVIDERS	UPPLIER REPRESENTATIVE'S SIGNATURE	.i		_TITLE		X6) DATE	

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.

Facility ID: 955375

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

PRINTED: 06/13/2012 FORM APPROVED OMB NO, 0938-0391

NAME OF PROVIDER OR SUPPLIER HUGH CHATHAM MEMORIAL NURSING ### SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG ### REGULATORY OR LSC IDENTIFYING INFORMATION) ### F 371 Continued From page 1 4-1/2 pans On 5/29/12 the following temperatures were done at 11:45 am: Tomalo soup - 185 Grilled ham and cheese - 166 Chicken salad - 50 degrees. The chicken salad was removed from the line after the surveyor Intervened. (Dietary Supervisor did the temps.) Cucumber salad - 55 Chef salad - 40 Ranch dressing - 38 Strawberry pecan pudding - 40 Interview with the RD (Registered Dieticlan) on 5/29/12 at 11:45 am am revealed the cold foods needed to be served at 41degrees or lower and the chicken salad would not be served. She further stated the chicken salad should be made the day before to Insure the salad reaches 41degrees or below. **A daily inspection of the storage bins will be completed with the new dictary inspection tool to ensure regulatory compliance of the storage bins will be completed with the new dictary inspection tool to ensure regulatory compliance of the storage bins will be completed with the new dictary inspection tool for ensure regulatory compliance of the storage bins will be completed with the new dictary inspection tool to ensure regulatory compliance of the storage bins will be completed with the new dictary inspection tool was pread the sinspection of the storage bins will be completed with the new dictary inspection tool to ensure regulatory compliance of storage. (See Attachments 1& 2). **A fall pots and pans are being placed on drying racks for appropriate drainage and drying prior to being stored. **All dictary staff was in-serviced on proper storage of equipment. (See Attachments 1& 2). **A new dictary inspection tool was created and implemented to ensure regulatory compliance of storage. (See Attachment #3) **A daily inspection of kitchen equipment will	STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	DING	E CONSTRUCTION	(X3) DATE SURV COMPLETE	D
NUMB CHATHAM MEMORIAL NURSING PLKIN, NC 28521			345095	B. WIN			05/31	/2012
F 371 Continued From page 1 4-1/2 pans On 5/29/12 the following temperatures were done at 11:45 am: Tomato soup - 185 Gilled ham and cheese - 166 Chicken salad - 50 degrees. The chicken salad was removed from the line after the surveyor intervened. (Dietary Supervisor did the temps.) Cucumber salad - 35 Chef salad - 40 Ranch dressing - 38 Strawberry pecan pudding - 40 Mandarin oranges - 40 Interview with the RD (Registered Dietician) on 5/29/12 at 11:45 am am revealed the cold foods needed to be served at 14/degrees or lower and the chicken salad would not be served. She further stated the chicken salad enades the day before to insure the salad reaches 41/degrees or below. A second observation was completed on 6/31/12 at 11:45 am and the temps were done by the Dietary Supervisor. All food temperatures were within the guidelines and the nested pans were dry. F 371 F 371 Continued From page 1 - A daily inspection of the storage bins will be completed with the new dictary inspection tool to ensure regulatory compliance. Drive first 30 days to ensure daily compliance. Thereafter, this inspection of the storage bins will be completed with the new dictary inspection tool to ensure regulatory compliance by the kitchen supervisor or designee. The CDM will report monthly to the PI Committee any findings for their review. Next PI Committee on the chicken salad should be made the day before to insure the salad reaches 41degrees or below. A second observation was completed on 6/31/12 at 11:45 am and the temps were done by the Dietary Suporvisor. All food temperatures were within the guidelines and the nested pans were dry. A daily inspection of the storage bins will be completed with the new dictary inspection tool to ensure regulatory compliance by the kitchen supervisor or designee. This tool will be completed with the new dictary inspection of kitchen supervisor or designee. The CDM will report monthly to the PI Committee any findings for their review. Next PI Committee and part of the storage bins will be c			URSING		700	0 JOHNSON RIDGE RD		
4-1/2 pans On 5/29/12 the following temperatures were done at 11:45 am: Tomato soup - 185 Grilled ham and cheese sandwich - 169 Macaroni and cheese sandwich of the cDM for the first 30 Mays to ensure daily compliance. Thereafter, this tool will be completed with the new dietary inspection of the cDM will report monthly to the PI Committee any indicate special and drying prior to being stored. A fall pots and pans are being placed on drying racks for appropriate drainage and drying prior to being stored. A lil dietary staff was in-serviced on proper storage of equipment. (See Attachment #3) Mary to the PI Committee any of the vicine sa	PREFIX	(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR	ULO BE	COMPLETION
	F 371	4-1/2 pans On 5/29/12 the foll at 11:45 am: Tomato soup - 186 Grilled ham and che Chicken salad - 50 was removed from intervened. (Dieta Cucumber salad - Chef salad - 40 Ranch dressing - Strawberry pecan Mandarin oranges interview with the 5/29/12 at 11:45 a needed to be sent the chicken salad further stated the the day before to 41degrees or believed. A second observed at 11:45 am and Dietary Supervisor within the guideling within the guideling states.	neese sandwich - 169 ese - 166 0 degrees. The chicken salad in the line after the surveyor ry Supervisor did the temps.) 35 38 pudding - 40 s - 40 RD (Registered Dietician) on am am revealed the cold foods wed at 41degrees or lower and would not be served. She chicken salad should be made insure the salad reaches ow. ation was completed on 5/31/12 the temps were done by the or. All food temperatures were	F	371	completed with the new dietatool to ensure regulatory comkitchen supervisor or designed be monitored by the CDM for days to ensure daily complianthis inspection will be complekitchen supervisor or designed weekly by CDM or designed. report monthly to the PI Comfindings for their review. Next July 17, 2012. All pots and pans are being placed are acks for appropriate drainage prior to being stored. All dietary staff was in-service storage of equipment. (See A 2). A new dietary inspection tool and implemented to ensure recompliance of storage. (See A daily inspection of kitchen be completed with the new dietool to ensure regulatory comkitchen supervisor or designed be monitored by the CDM for days to ensure daily compliar this inspection will be complekitchen supervisor or designed weekly by CDM or designed.	ry inspection pliance by the e. This tool was the first 30 and reviewed The CDM with the first and drying e and drying the company of the company of the company of the first 30 and reviewed the first 30 and reviewed The CDM with the company of the first 30 and reviewed The CDM with the company of t	06/01/12

 All food temperatures will be taken <u>first</u> by kitchen cook <u>then</u> by cafeteria server prior to serving to ensure appropriate temperatures.
 If the food temperature is found to be outside safe to serve range, the kitchen supervisor will be notified immediately and the item will be removed from the serving line.

06/04/12

 All dietary staff was in-serviced on proper food temperatures. (See Attachments 1& 2).

06/08/12

- A new dietary inspection tool was created and implemented to ensure regulatory compliance of safe food temperatures. (See Attachment #3).
- All food temperatures will be monitored and recorded twice on the temperature log (see Attachment #4) for each meal and ongoing by kitchen cook and cafeteria server.
 Temperature log will be reviewed daily by CDM or designee using the quality inspection tool for the first 30 days. Thereafter, this inspection will be conducted weekly by CDM or designee. The CDM will report monthly to the PI Committee any findings for their review. Next PI Committee July 17, 2012.

06/04/12



Our Region's CHOICE for TECHNOLOGY & CARE

June 22, 2012

North Carolina Department of Health and Human Services Division of Health Service Regulation Nursing Home Licensure and Certification Section Attn: Ms. Patricia Bridges, RN / Facility Survey Consultant 2711 Mail Service Center Raleigh, North Carolina 27699-2711

Dear Ms. Bridges:

Please find the enclosed Plan of Correction for Hugh Chatham Nursing Center. This response is triggered from our recertification survey that was conducted on May 29, 2012 – May 31, 2012.

If you should have any questions or concerns regarding this Plan of Correction, please do not hesitate to contact me directly at (336) 527-7685. Thank you.

Respectfully,

Lindsay B. Smith Administrator

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

PRINTED: 06/18/2012 **FORM APPROVED** OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:**

(X2) MULTIPLE CONSTRUCTION

01 - MAIN BUILDING

(X3) DATE SURVEY COMPLETED

345095

A. BUILDING B. WING

06/14/2012

NAME OF PROVIDER OR SUPPLIER

HUGH CHATHAM MEMORIAL NURSING

STREET ADDRESS, CITY, STATE, ZIP CODE 700 JOHNSON RIDGE RD **ELKIN, NC 28621**

	•	E	ELKIN, NC 28621	
(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)	(X6) COMPLETION DATE
K 029 SS≒D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029	 On 06/15/12, Plant Operations Maintenance Mechanic contacted Sunland Sprinkler to install all tamper alarms on accelerator valves. Parts have been ordered and valves will be installed by 07/29/12 Plant Operations Maintenance Mechanic will conduct safety checks 5 times a week on sprinkler system to ensure acceleration valve remains in on position until tamper alarms are installed by 07/29/12. 	Completic Date 07/29/12 07/29/12 06/28/12
K 061 SS≃D	This STANDARD is not met as evidenced by: A. Based on observation on 06/14/2012 the chemical storage room in the kitchen failed to latch when closed. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1	K 061	 Safety checks began on 06/28/12. Plant Operations Maintenance Mechanic inspected the riser system throughout the building to identify any valves that needed tamper alarms on 06/18/12. It was discovered that all valves are in compliance with code. Plant Operations Maintenance Mechanic or designee will conduct Environment of Care (EOC) rounds monthly to ensure code compliance starting 07/03/12. Attachment # 2 Plant Operations Maintenance 	07/18/12
K 076 SS⊨D	This STANDARD is not met as evidenced by: A. Based on observation on 06/14/2012 the accelerator valves were not equipped with tamper alarms. 42 CFR 483.70 (a) NFPA 101 LIFE SAFETY CODE STANDARD	K 076	Mechanic or designee will report (EOC) finding monthly to the Safety Committee. All concerns will be reported. First meeting will be July 18, 2012.	07/10/12

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

TITLE

(X8) DATE

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.

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

PRINTED: 06/18/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G 01 - MAIN BUILDING	(X3) DATE SI COMPLE	
		345095	B, WI		- VI VIIIAM BOILDING	08/4	4/2012
	ROVIDER OR SUPPLIER HATHAM MEMORIAL			70	EET ADDRESS, CITY, STATE, ZIP CODE 00 JOHNSON RIDGE RD LKIN, NC 28621	00/1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 076	Medical gas storag protected in accord Standards for Heal (a) Oxygen storage 3,000 cu.ft. are end separation.	e and administration areas are ance with NFPA 99, th Care Facilities. locations of greater than losed by a one-hour	К)76	 Plant Operations Maintenar Mechanic purchased chains installed individual chains O2 cylinders by 06/18/12 Plant Operations Maintenar Mechanic inspected all O2 for proper storage of all O2 	and on each nce storage	Completic Date 06/18/12
	3,000 cu.ft. are ven 4.3.1.1.2, 19.3.2.4 This STANDARD I A. Based on obser cylinders in the 02 i	ΓΑΝDARD is not met as evidenced by: led on observation on 06/14/2012 the 02 rs in the 02 farm out back were gang d. These must be individually secured.			 06/18/12. All O2 storage to ensure proper storage of all O2 storage was found to be within code and properly secured. Environment of Care (EOC) rounds will be performed monthly by Plant Operations Maintenance Mechanic or designee to ensure proper storage of 02. These rounds will begin on 07/03/12. Attachment #2 Environment of Care (EOC) rounds reported monthly to the Safety Committee by the Plant Operations Maintenance Mechanic or designee. Next Safety Meeting will be held on July 18, 2012. 		07/03/12 07/18/12
	·				e		

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

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 06/18/2012 FORM APPROVED OMB NO. 0938-0391 YAY DATE SUBVEY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IDING	- Vm - 1017-014	(X3) DATE S COMPLI	ETED
	ROVIDER OR SUPPLIER			STR 70	EET ADDRESS, CITY, STATE, ZIP COI DO JOHNSON RIDGE RD LKIN, NC 28621		4/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 029 SS=D	One hour fire rated fire-rated doors) or extinguishing syste and/or 19.3.5.4 prothe approved autor option is used, the other spaces by sn doors. Doors are a field-applied protect 48 inches from the permitted. 19.3.2	AFETY CODE STANDARD I construction (with ¾ hour an approved automatic fire in accordance with 8.4.1 plects hazardous areas. When matic fire extinguishing system areas are separated from noke resisting partitions and self-closing and non-rated or elive plates that do not exceed bottom of the door are 2.1 Is not met as evidenced by: vation on 06/14/2012 the ear nurses station #2 failed to		029	 Plant Operations Maint Mechanic contracted H Hardware to adjust door soiled utility door at statchemical storage door a entrance, which now eleffective 06/18/12. Safety Rounds were material doors in the building latch per code. Any do not properly latch or cle listed on a round sheet Hardware Company con All doors that were note fixed by 06/28/12. A building maintenance (BMP) has been implem 06/28/12 to identify corensure compliance of de BMP will be conducted Plant Operations Maintenance or designee. # 1 Plant Operations Maintenance will report Bl monthly to the Safety C All concerns will be rep first meeting will be Jul 	or so the ation II and at the kitchen ose properly ade by Plant to ensure a close and ors that did ose were so HKS add correct, and will be a program mented on acerns and to bors. The monthly by enance Attachment enance MP findings ommittee, orted the	Complet Date 06/18/12

(Y2) MILLTIDLE CONSTRUCTION

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Administrator

6/28/2012