

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/15/2012
NAME OF PROVIDER OR SUPPLIER  CARRINGTON PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 600 FULLWOOD LANE MATTHEWS, NC 28105	
(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
F 000	INITIAL COMMENTS  Immediate jeopardy began on 6/14/12 when staff failed to cook an unpasteurized shell egg until the egg yolk was congealed, conduct temperature monitoring of the eggs for Residents #91, 203 and 155. The administrator was notified of the immediate jeopardy on 6/14/12. Immediate jeopardy was removed on 6/15/12 when the facility provided and implemented an acceptable credible allegation of compliance.	F 000	CARRINGTON PLACE'S RESPONSE TO THIS REPORT OF SURVEY DOES NOT DENOTE AGREEMENT WITH THE STATEMENT OF DEFICIENCIES; NOR DOES IT CONSTITUTE AN ADMISSION THAT ANY STATED DEFICIENCY IS ACCURATE. WE ARE FILING THE POC BECAUSE IT IS REQUIRED BY LAW.  • F-371:  1) Credible Allegation of Compliance June 14, 2012	6/15/12
F 371 SS=K	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, staff interviews, facility record review and manufacturer's instructions, the facility failed to use pasteurized eggs to prepare eggs cook-to-order and conduct temperature monitoring for non-pasteurized shell eggs, for 3 of 4 sampled residents who routinely requested and were served eggs cook-to-order (Residents #203, #155, and #91). Additionally, the facility failed to maintain two storage racks, used to store pans ready for use, clean and free of build-up and debris.	F 371	<u>CORRECTIVE ACTION(S) THAT WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</u>  Pasteurized eggs were purchased through US Foods on June 14, 2012 for residents # 155, 203, 91, and 102 who have requested shell eggs cooked to order. In fact, the facility has decided to order only pasteurized eggs from this point forward. Pasteurized eggs will be used for any resident requesting cooked to order shell eggs. All non-pasteurized eggs in stock were cooked and used to make egg salad and the facility will no longer be ordering pasteurized eggs. The Director of Nursing and the Staff Development Coordinator/Infection Control Nurse reviewed the Monthly Infection Control logs for the last 12 months and found no incidences of illness related to cook to order eggs for resident # 155, 203, 91, and 102. The facility Medical Director examined residents # 155, 203, 91, and 102 who received eggs cooked to order and found no evidence of food borne illness for these residents.	

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

*Cathy L. Abner*

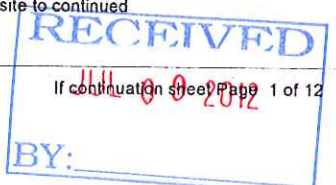
TITLE

*Administrator*

(X6) DATE

*July 5, 2012*

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

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F 371	<p>Continued From page 1</p> <p>Immediate jeopardy began on 6/14/12 when the facility failed to cook a non-pasteurized shell egg until the egg yolk was congealed, and conduct temperature monitoring of the egg for Residents #91, #203 and #155. Immediate jeopardy was removed on 6/15/12 when the facility provided and implemented an acceptable credible allegation of compliance. The facility remains out of compliance at a lower scope and severity of E (a pattern deficiency, no actual harm with potential for more than minimal harm that is not immediate jeopardy) for monitoring of the revised systems put in place related to food preparation and cleaning of storage racks.</p> <p>The findings are:</p> <p>1. An observation of the breakfast tray line occurred on 6/14/12 at 7:25 AM. On 6/14/12 at 7:42 AM, dietary staff #1 was observed to crack the shell of four non-pasteurized eggs to prepare eggs cook-to-order. Each cook-to-order shell egg was poured from its shell directly onto a hot grill to cook. Dietary staff #1 cooked each egg. On 6/14/12 at 7:43 AM dietary staff #1 was observed to remove each egg from the grill, plate each egg and gave each plated cook-to-order shell egg to dietary staff #2 for meal service. Temperature monitoring of the four cook-to-order shell eggs was not observed before the eggs were plated for meal service. At 7:44 AM on 6/14/12, Dietary staff #2 put the plate with a cook-to-order shell egg on the steam table for Resident #91. The remaining cook-to-order eggs were plated for Residents #203 and #155.</p> <p>Upon request, temperature monitoring was conducted on 6/14/12 at 7:44 AM by dietary staff</p>	F 371	<p><u>HOW OTHER RESIDENTS HAVE BEEN IDENTIFIED FOR HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND THE CORRECTIVE ACTION(S) THAT HAVE BEEN OR WILL BE TAKEN:</u></p> <p>Only residents # 155, 203, 91 and 102 receive cook to order shell eggs. Resident # 102 requests to receive cooked to order shell eggs only three times a week. These are the only resident to potentially be affected. All dietary staff, including the Food Service Supervisor and the Assistant Food Service Supervisor, were in-serviced on June 14, 2012 at 2:00pm by Trisha Meaks Lamb, Food Service Consultant from US Foods concerning the use of pasteurized eggs for cooked to order shell eggs and checking temperatures of cooked eggs. Ms. Lamb also in-serviced the dietary staff on how to identify the pasteurized eggs from non-pasteurized eggs based on the carton/case markings. As of June 14, 2012, the facility will be ordering pasteurized eggs only and any resident requesting cooked to order eggs will receive pasteurized eggs. No resident was adversely affected by this practice as evidenced by review of infection control records, review of resident #'s 155, 203, 91, and 102 Medical records, and examination of these residents by the Medical Director.</p> <p><u>MEASURES AND/OR SYSTEMIC CHANGES MADE OR TO BE MADE TO ENSURE THE DEFICIENT PRACTICE DOES NOT RECUR:</u></p> <p>All newly hired dietary employees will be in-serviced by the Food</p>	

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F 371	<p>Continued From page 3</p> <p>An interview on 6/14/12 at 7:54 AM with dietary staff #2 revealed that she usually prepared eggs cook-to-order with the yolk loose. Dietary staff #2 stated that she checked the temperature of the cook-to-order eggs after cooking by placing the thermometer under the egg white and not inserting the thermometer into the egg yolk, so that the egg yolk would not be broken.</p> <p>On 6/14/12 at 8:05 AM, the box which contained fresh shell eggs was observed with the ADM. The ADM stated that she would have to verify whether or not the shell eggs were pasteurized. The cardboard box of shell eggs was observed with a USDA inspection seal stamped on the box which included the following manufacturer instructions: "Safe handling instructions to prevent illness from bacteria: keep eggs refrigerated, cook eggs until yolks are firm and cook foods containing eggs thoroughly. Hold hot egg dishes above 140 degrees Fahrenheit."</p> <p>On 6/14/12 at 8:20 AM in an interview with dietary manager (DM) and ADM, the DM stated that she thought the shell eggs the facility ordered were pasteurized, but she did not check the information on the box of eggs. The ADM stated that she just confirmed with a representative from the supplier that the shell eggs the facility routinely ordered were not pasteurized. The ADM stated that this was the first time dietary staff #1 prepared cook-to-order eggs and that the ADM did not provide dietary staff #1 instruction on how to prepare eggs cook-to-order. The ADM stated that she would expect the cook to give instruction on how to prepare cook-to-order eggs, including temperature monitoring, to an assistant. The ADM also stated that dietary staff #2 was not the</p>	F 371	<p>Service Supervisor during orientation on the proper cooking and storage of eggs. Twice weekly QA's will be conducted by the Food Service Supervisor to ensure that the cited practice does not re-occur. This QA will monitor storage of eggs, preparation of eggs, identification and labeling of eggs, and proper temperature of cooked to order eggs. The results of this QA will be discussed at the weekly Department Head Meetings and the QA Meetings. The facility's policy for storing and cooking eggs was updated and implemented on June 14, 2012. This policy addresses the proper storage, handling, and cooking of pasteurized eggs.</p> <p><u>HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THAT ITS SOLUTIONS ARE ACHIEVED AND SUSTAINED AND HOW THE PLAN WILL BE EVALUATED FOR IT'S EFFECTIVENESS:</u></p> <p>The Food Service Supervisor will be responsible for ensuring compliance and reporting findings to the Weekly Department Head Meeting and QA Committee as of June 14, 2012. The Department Head Committee and the QA Committee will review the findings of the QA and will implement immediate corrective action as needed. Any employee found to be out of compliance with policy will be given a written warning and will have to repeat in-service training.</p>	

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F 371	Continued From page 2  #2 using the facility's calibrated thermometer. The temperature of the yolk of the cook-to-order shell egg for Resident #91 was 136 degrees Fahrenheit and the yolk was not congealed. The yolk was observed to pour out onto the plate when the facility's thermometer was removed.  On 6/14/12 at 7:45 AM, dietary staff #1 stated in an interview that she did not conduct temperature monitoring of the yolk of the cook-to-order shell eggs because inserting a thermometer into the yolk would break the yolk. She further stated that she was not aware that she was supposed to check the temperature of the cook-to-order shell eggs. Dietary staff #1 stated that she did not usually prepare eggs "over easy", but she was instructed that morning by dietary staff #2 to crack the shell eggs onto the grill, allow the eggs to "cook a little", flip the eggs over, but "don't let it get all the way done."  On 6/14/12 at 7:46 AM, during an interview with the assistant dietary manager (ADM), she stated that Residents #203, #155, #102, and #91 who routinely requested "eggs cooked over light" for breakfast wanted an egg yolk that was loose, "that's what we try to provide." The ADM stated that she instructed the cooks to check the temperature of cook-to-order shell eggs before serving and to cook the eggs to a temperature of 165 degrees Fahrenheit. The ADM further stated that Residents #203, #155, #102 and #91 requested one to two cook-to-order shell eggs as much as daily to three times weekly. The ADM confirmed that the eggs used to prepare cook-to-order eggs were the fresh shelled eggs that were stored in the walk-in refrigerator.	F 371	2) Level E Citation  <u>CORRECTIVE ACTION(S) THAT WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</u>  The two metal storage racks have been emptied of pans, tongs, and pitchers and have been thoroughly cleaned using degreaser cleaners. All pans, tongs, and pitchers have also been cleaned and sanitized. A new cleaning schedule has been developed for the storage racks and they will be cleaned weekly. All dietary staff have been in-serviced on the need for weekly cleaning and the proper way to do this cleaning.  <u>HOW OTHER RESIDENTS HAVE BEEN IDENTIFIED FOR HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND THE CORRECTIVE ACTION(S) THAT HAVE BEEN OR WILL BE TAKEN:</u>  Any resident may have the potential to be affected by this cited practice. The two metal storage racks in question did not have hair like debris or hair debris, but a collection of some grease residue with a fine layer of dust. Both rack have been emptied of pans, tongs, and pitchers and have been thoroughly cleaned using degreaser cleaners. All pans, tongs, and pitchers have also been cleaned and sanitized. A new cleaning schedule has been developed for the storage racks and they will be cleaned weekly. All dietary staff have been in-serviced on the need for weekly cleaning and the proper way to do this cleaning.	7/15/12

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F 371	<p>Continued From page 4</p> <p>routine morning cook and that dietary staff #2 filled in as the morning cook when the routine morning cook was off.</p> <p>On 6/14/12 at 8:33 AM, an interview with the supplier confirmed that the facility routinely ordered grade AA fresh shell eggs that were not pasteurized.</p> <p>On 6/14/12 at 9:43 AM during an interview with the administrator and the director of nursing (DON), the administrator stated that the facility would no longer use non-pasteurized shell eggs. The DON confirmed that she was not aware of any symptoms associated with food borne illness for Residents #203, #155, #102 or #91.</p> <p>On 6/14/12 at 1:12 PM, dietary staff #3 stated in interview that she was the usual morning cook. Dietary staff #3 stated that when she prepared shell eggs cook-to-order, she cooked the eggs about 10 minutes before the breakfast tray line started, plated the eggs, and held the eggs on the tray line until the Residents' tray card was called. She further stated that when she prepared eggs cook-to-order, she did not break the yolk; she made sure the egg white was cooked to 145 degrees Fahrenheit and the yolk was still loose. Dietary staff #3 stated that she checked the temperature of the eggs cook-to-order by inserting the thermometer into the white of the egg, not the yolk. Dietary staff #3 confirmed that she routinely prepared eggs cook-to-order for Resident #203, #155, #102 and #91.</p> <p>An interview on 6/14/12 at 1:45 PM with the facility's Consultant Registered Dietitian, (RD) revealed she routinely visited the facility for lunch</p>	F 371	<p><u>MEASURES AND/OR SYSTEMIC CHANGES MADE OR TO BE MADE TO ENSURE THE DEFICIENT PRACTICE DOES NOT RECUR:</u></p> <p>The Assistant Food Service Supervisor will do weekly QA checks to ensure that the metal storage racks are being cleaned properly. She will record the results of her checks on a QA form and this will be reviewed weekly in the Department Head Meeting. Any need for changes will be discussed and implemented at that time.</p> <p><u>HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THAT ITS SOLUTIONS ARE ACHIEVED AND SUSTAINED AND HOW THE PLAN WILL BE EVALUATED FOR IT'S EFFECTIVENESS:</u></p> <p>The Assistant Food Service Supervisor will do weekly QA checks to ensure that the metal storage racks are being cleaned properly. She will record the results of her checks on a QA form and this will be reviewed weekly in the Department Head Meeting. Any need for changes will be discussed and implemented at that time. The results will also be reviewed by the QA Committee at the QA Meetings to ensure that the solution is achieved, effective, and sustained.</p>	

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F 371	<p>Continued From page 5</p> <p>and supper, but not breakfast. She was unaware that the facility used non-pasteurized shell eggs to prepare eggs cook-to-order. She stated that she expected that if the facility provided eggs cook-to-order, that pasteurized eggs would be used or that the facility would cook non-pasteurized eggs until the yolk was firm, not runny.</p> <p>Immediate jeopardy was identified on 6/14/12. The administrator was notified of the immediate jeopardy on 6/14/12 at 9:43 AM.</p> <p>The facility provided a credible allegation of compliance which included:</p> <ul style="list-style-type: none"> <li>Corrected Action to be accomplished for each resident found to have been affected by the deficient practice.</li> </ul> <p>Pasteurized eggs were purchased through (name of the food distributor) on June 14, 2012 for residents # 155, 203, 91, and 102 who have requested shell eggs cooked to order. In fact, the facility has decided to order only pasteurized eggs from this point forward.</p> <p>Pasteurized eggs will be used for any resident requesting cooked to order shell eggs. All non-pasteurized eggs in stock were cooked and used to make eggs salad and the facility will no longer be ordering non-pasteurized eggs.</p> <p>The Director of Nursing and the Staff Development Coordinator/Infection Control Nurse reviewed the Monthly Infection Control logs for the last 12 month and found no incidences of illness related to cook to order eggs for residents</p>	F 371		

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F 371	<p>Continued From page 6 # 155, 203, 91, and 102.</p> <p>The facility Medical Director examined residents # 155, 203, 91, and 102 who received eggs cooked to order and found no evidence of food borne illness for these residents.</p> <ul style="list-style-type: none"> <li>How corrective action will be accomplished for those residents having potential to be affected by the same deficient practice.</li> </ul> <p>All dietary staff, including the Food Service Supervisor and the Assistant Food Service Supervisor, were in-serviced on June 14, 2012 at 2:00pm by the Food Service Consultant by the food distributor concerning the use of pasteurized eggs for cooked to order shell eggs and checking temperatures of cooked eggs. The Food Service Consultant also in-serviced the dietary staff on how to identify the pasteurized eggs from non-pasteurized eggs based on the carton/case markings.</p> <p>Any resident has the potential to be affected by improperly cooked eggs. As of June 14, 2012, the facility will be ordering pasteurized eggs only and any resident requesting cooked to order eggs will receive pasteurized eggs.</p> <ul style="list-style-type: none"> <li>Monitoring of Compliance</li> </ul> <p>All newly hired dietary employees will be in-serviced by the Food Service Supervisor during orientation on the proper cooking and storage of eggs.</p>	F 371		

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F 371	<p>Continued From page 7</p> <p>Twice weekly QA's will be conducted by the Food Service Supervisor to ensure that the cited practice does not reoccur. This QA will monitor storage of eggs, preparation of eggs, identification and labeling of eggs, and proper temperature of cooked to order eggs. The results of this QA will be discussed at the weekly Department Head Meetings and the Quarterly QA Meetings.</p> <p>The facility's policy for storing and cooking eggs was updated and implemented on June 14, 2012. This policy states the proper storage, handling, and cooking of pasteurized eggs.</p> <p>Quality Assurance</p> <p>The Food Service Supervisor will be responsible for ensuring compliance and reporting findings to the Weekly Department Head Meeting and Quarterly QA Committee as of June 14, 2012. The Department Head Committee and the QA Committee will review the findings of the QA and will implement immediate corrective action as needed.</p> <p>Any employee found to be out of compliance with policy will be given a written warning and will have to repeat In-service training.</p> <p>The immediate jeopardy was removed on 6/15/12 at 7:44 AM following an observation of the preparation of eggs cook-to-order using pasteurized shell eggs and interviews with dietary staff on both shifts related to education on egg</p>	F 371			



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F 371	<p>Continued From page 8</p> <p>preparation and temperature monitoring. On 6/15/12 at 7:24 AM, a large pot containing non-pasteurized shell eggs was observed boiling on the stove for egg salad. The walk-in refrigerator was observed on 6/15/12 at 7:28 AM with pasteurized shell eggs available for use and non-pasteurized shell eggs were not observed. Documentation was reviewed regarding staff in-services related to the preparation and temperature monitoring of pasteurized and non-pasteurized shell eggs and facility monitoring. The facility provided a copy of a revised policy, Egg Preparation, undated, which was reviewed.</p> <p>2. An observation of the kitchen on 6/14/12 at 7:38 AM revealed two wire metal storage racks which contained sixty stainless steel pans, twelve sheet pans three tongs, four plastic containers and two plastic water pitchers. Each shelf of both storage racks was observed with hair-like debris and were sticky and rough to touch. A second observation on 6/15/12 at 7:35 AM revealed the condition of the storage racks was unchanged.</p> <p>On 6/15/12 at 7:40 AM, the cleaning schedule was reviewed with the assistant dietary manager (ADM). During the interview the ADM stated that the storage racks were not included on the current cleaning schedule, but were cleaned when she assigned a staff member the task. The ADM further stated that she had an extra staff person scheduled for Wednesdays and this was the day set aside for extra cleaning. The ADM stated that she thought the storage racks were last cleaned in May 2012, but she had not recently assigned anyone the task to clean them. The ADM observed the storage racks during the</p>	F 371		

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F 371	Continued From page 9 interview and stated that she was not aware that the shelves of the storage racks had a thick layer of debris. The ADM confirmed that the racks were in need of cleaning.	F 371	• F-431: <u>CORRECTIVE ACTION(S) THAT WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:</u>	7/15/12
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  • 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.  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.  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.	F 431	The expired atropine eye drops (3/2012), and the open insulin labeled with an open date of 5/8/12 found in the 100 hall medication cart were disposed of. The six vials of lorazepam with expiration date 3/2012 found in the medication storage room refrigerator on 200 hall were returned to the pharmacy for destruction. The open insulin labeled with an open date of 5/1/12 found in the 200 hall medication cart was disposed of. All nurses will be in-serviced on the checking of medications for expiration dates, the policy regarding "open vials of insulin are good for 28 days from date of opening", and proper procedure for returning expired schedule II drugs to the pharmacy. The medication carts will be checked nightly by the third shift nurses to ensure there are no expired medications present. Further, the contract pharmaceutical company will check the carts on their monthly visit and present a written report to the DON. The Nurse Managers will QA each medication cart and medication storage room refrigerator monthly to ensure the absence of expired medications and insulin open longer than 28 days.	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  06/15/2012
NAME OF PROVIDER OR SUPPLIER  CARRINGTON PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 600 FULLWOOD LANE MATTHEWS, NC 28105		
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F 431	Continued From page 10  This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility record review the facility failed to discard expired medications from two (2) of (8) medication carts and one (1) of (4) medication storage rooms.  The findings are:  Review of facility policy entitled Storage of Meds (undated), read in part: "Drugs shall not be kept on hand after the expiration date ...."  Review of facility policy entitled Medication Administration Principles (undated), read in part: "Open vials of insulin are good for 28 days from date of opening."  1. Observation on 6/14/12 at 10:47 AM of the 100 hall medication cart revealed one open bottle of Atropine eye drops with manufacturer expiration date 3/2012. One open multi dose vial of insulin with open date 5/8/12 was also observed in active stock for resident use. The insulin vial was labeled to discard in 28 days.  Interview with LN #1 at the time of the observation confirmed the insulin was good for 28 days and should have been discarded. LN #1 stated she was unaware the eye drops were out of date. LN #1 stated the pharmacy consultant checked storage for expired medications. LN #1 removed the expired medications from active stock.	F 431	<u>HOW OTHER RESIDENTS HAVE BEEN IDENTIFIED FOR HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND THE CORRECTIVE ACTION(S) THAT HAVE BEEN OR WILL BE TAKEN:</u>  Any resident may have the potential to be affected by this practice. All medication carts and medication storage room refrigerators have been checked for expired medications and insulins open longer than 28 days. No further expired medications or outdated open insulins were found. All nurses will be in-serviced on the checking of medications for expiration dates, the policy regarding "open vials of insulin are good for 28 days from date of opening", and proper procedure for returning expired schedule II drugs to the pharmacy. The medication carts will be checked nightly by the third shift nurses to ensure there are no expired medications present. Further, the contract pharmaceutical company will check the carts on their monthly visit and present a written report to the DON. The Nurse Managers will QA each medication cart and medication storage room refrigerator monthly to ensure the absence of expired medications and insulin open longer than 28 days.  <u>MEASURES AND/OR SYSTEMIC CHANGES MADE OR TO BE MADE TO ENSURE THE DEFICIENT PRACTICE DOES NOT RECUR:</u>  All nurses will be in-serviced on the checking of medications for		

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PRINTED: 07/03/2012  
FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER  CARRINGTON PLACE			STREET ADDRESS, CITY, STATE, ZIP CODE 600 FULLWOOD LANE MATTHEWS, NC 28105	
(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
F 431	<p>Continued From page 11</p> <p>2.Observation on 6/14/12 at 11:48 AM of the 200 hall medication storage room refrigerator lock box revealed six vials of lorazepam with manufacturer expiration date 3/2012. Interview with LN #2 at the time of the observation stated this was a prn (as needed) medication for a resident. LN #2 stated if no prn doses had been administered the medication may have been overlooked in the refrigerator lock box. LN #2 stated that the pharmacy consultant conducted audits to check for expired medications. LN #2 stated the expired medications would be returned to the pharmacy.</p> <p>3.Observation on 6/14/12 at 4:47 PM of the 200 hall medication cart revealed one open vial of insulin with open date 5/1/12. The vial was labeled to discard in 6 weeks (handwritten on the label). Interview with LN #3 at the time of the observation revealed insulin was dated when opened and would be discarded in 6 weeks as written on the label. LN #3 stated night shift nursing staff checked medication carts for expired medications.</p> <p>On 6/15/12 at 11:40 AM an interview with the Pharmacy representative confirmed medications should be discarded based on manufacturer expiration dates and that all insulins should be discarded 28 days after opening.</p> <p>On 6/15/12 at 1:57 PM an interview with the Unit Nurse Manager revealed all nursing staff were expected to check medication expiration dates and discard expired medications.</p>	F 431	<p>expiration dates, the policy regarding "open vials of insulin are good for 28 days from date of opening", and proper procedure for returning expired schedule II drugs to the pharmacy. The medication carts will be checked nightly by the third shift nurses to ensure there are no expired medications present. Further, the contract pharmaceutical company will check the carts on their monthly visit and present a written report to the DON. The Nurse Managers will QA each medication cart and medication storage room refrigerator monthly to ensure the absence of expired medications and insulin open longer than 28 days. The DON will review the medication cart checks, contract pharmaceutical company reports, and Nurse Manager QA's with the Nurse Managers to ensure that medication carts and medication storage room refrigerators remain free of expired medications and/or vials open past the 28 day limit. The DON will share the results of these QA's at the weekly Department Head Meeting.</p> <p><u>HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THAT ITS SOLUTIONS ARE ACHIEVED AND SUSTAINED AND HOW THE PLAN WILL BE EVALUATED FOR IT'S EFFECTIVENESS:</u></p> <p>The DON will review the medication cart checks, contract pharmaceutical company reports, and Nurse Manager QA's with the Nurse Managers to ensure that medication carts and medication storage room</p>	

refrigerators remain free of expired medications and/or vials open past the 28 day limit. The DON will share the results of these QA's at the weekly Department Head Meeting. The results will also be reviewed at the QA Committee Meeting to ensure that the solution is achieved, effective, and sustained. Any needed changes will be made by the QA Committee.